

Prince William Partnerships for Health



Community Input Process: Focus Group Report: Question Level Summary, 1999

A Robert Wood Johnson and W.K. Kellogg Foundations
Turning Point Project

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PARTNERSHIPS FOR HEALTH

Prince William County, Virginia

Summary of Focus Group Reports

Center for the Advancement of Public Health

George Mason University

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INTRODUCTION AND PROCESS

Faculty of the Center for the Advancement of Public Health (CAPH) were asked to conduct 30 focus group sessions for Prince William Partnerships for Health (PWPH). Fifteen focus groups consisted of sixteen non-specific public groups¹; and fifteen groups were with persons designated as professionals in specific content areas:

- Preventive/Primary Care
- Government Systems
- Chronic Disease
- Infectious Disease
- Mental Health and Mental Disorders
- Substance Abuse
- Wellness
- Employee Health and Productivity
- Injury and Violence Prevention
- Environmental Health
- Food Safety
- Vulnerabilities and Disparities
- Health Systems
- Community vs. Autonomy
- Education, Community-based Programs, and Health
- Communications

Facilitators introduced themselves to the group as persons outside the planning and implementation process, explained the total scope of Partnerships for Health, and provided the primary functions of including all attendees in the discussion and insuring that all questions were answered. All sessions were taped. Tapes were then transcribed and returned to CAPH for summarizing. Summaries included notations regarding the strength and degree of agreement of participant responses. There were difficulties in tape transcription, which occasionally resulted in loss of specific content. For the most part, however, facilitator notes enabled the central themes

¹ Sixteen general public groups were completed due to the expressed need of a group addressing concerns of the disabled to address questions more pertinent to their interests.

of the conversation to be captured.

Having completed the summaries, the individual faculty reviewed their own summaries and noted the following: central themes regarding the Prince William area as a place to live; general health themes that emerged from the discussions; specific themes that emerged from the discussions; and, a noting of the oftentimes very creative ideas expressed by individuals in the various focus groups. The facilitators then met to determine the common themes across the 31 groups. These themes are presented below in the following outline:

Limitations and Strengths of the Data Collection Process

Themes

- General Feelings about Prince William County

- General Health Care Issues in Prince William County

- Specific Concerns of Focus Group Participants

Ideas Presented by Focus Group Participants

Recommendations

FOCUS GROUP DATA

Limitations and Strengths of the Data Collection Process

As with any data collection project of this scope, the real world interferes with the well-designed process. The major **limitation** on interpretations of the data is the low level of participation in the focus groups, in spite of large-scale outreach. For one particular professional group, for instance, over 400 invitations were sent out; three persons participated, two of which participated in multiple focus groups. This low level of input and multiple participations by a small number of professionals in the community also suggest that the data may not be representative of PW residents.

There were many more **strengths** of the process that were noted. Those who participated were very interested in the health issues of the county, in this particular project, and in the outcomes of the project. There was a wide spectrum of people involved; and the enthusiasm of participants for most questions led to very in-depth discussions of issues -- a willingness, if you will, to allow the complexities and contradictions of existing problems to surface in order to expose the depth of the problems. There was widespread agreement on the nature of the existing problems; less agreement on what to do about them. Many good ideas were expressed by individuals and they are included in this report. Overall, the focus group process was affirming to those who participated and many asked for copies of the final report.

Themes

General Feelings about the Prince William Area

Participants generally take pride in PW and regard it as a good place to live. They have felt

protected from the size and complexities of surrounding counties. However, they are beginning to feel a disempowerment and a loss of control because of the rapid, unplanned growth taking place in the county. As the county grows, public transportation lags behind, leaving citizens, especially the poor, with inadequate transportation to sources of health care. An increase in immigrant groups is a concern among some citizens because it is affecting the types of chronic diseases seen, the level of resources available for health care, and the complexity now needed for developing effective health communication strategies throughout the county. Participants in this process consider PW to be a relatively young community with a great opportunity to do prevention, screening, and early detection to prevent chronic diseases, especially given that it has one of the largest school systems in the state.

The most consistent description of the county is that of a commuter community, which essentially diminishes the potential for community spirit. In fact, participants view PW as having no real community spirit. The long commutes define a lifestyle that creates pollution problems and latchkey children, that limits recreation time and increases the need for fast foods, and which leaves less time for involvement in community issues and children's school events. The limited day care centers are unaffordable and there aren't sufficient activities for youth after school. Local jobs tend to be entry-level and are low paying, making it extremely difficult to solve the daytime absentee problem.

General Health Care Issues in Prince William County

The concept of "health" is expanding beyond traditional definitions. It now includes youth issues (the activities occupying them after school), violence (especially among youth), family issues (the caretaker stressors on families), prevention of chronic disease, and childcare. Characterizing the total scope of health issues as complex is a gross understatement. Frustrations exist among consumers in the areas of services coordination, service coverage by HMO's and insurers, medication costs, levels of community poverty, and the necessity of giving priority to chronic rather than preventive services.

Starting at the point of entry to the health care process, the frustrated consumer is first aware of having to search for a point of entry. The system being entered is inconsistent, duplicative, and has different offices providing the same services. Health care providers are increasing in number and in specialization, without sufficient coordination of efforts. Most citizens, especially the elderly, are not familiar with this new wave of health care providers. Thus, the scope of services available is unknown and impersonal, meaning that the consumer may be referred from one agency to another before "hitting" the right one; and, having found the right place, may be confronted with insensitivity about their ability to find transportation to an appointment. After finding the right place, managing to get there, and receiving a prescription for medication, the consumer may then be sent to yet another place to receive the medication, only to find either that this agency won't dispense it to them or that they can't afford it. Participants indicated that medications can cost up to \$500 per month; if you make over \$325 per month, Medicaid won't

help. Managed Care won't pay for the newer medications, which are more effective and have fewer side effects, because they are more expensive. Thus, patients don't take their medications (because of side effects) and become hospitalized (more expensive care) more frequently.

In this process of searching for care for existing disease, the consumer may find no services available that are affordable. A new level of needed care is now emerging for a group of people that fall financially between the poor and the middle class. Free Clinics exist for the very poor; and insurance and HMO's exist for the middle class. But the new poor neither qualify for the Free Clinics, nor are able to pay insurance premiums.

Participants view PW as having *no* preventive care. Many described seeking preventive care and care for the early stages of diseases. In both cases, they were unsuccessful, having been told, for example, that their MS could not be treated until they were in a wheelchair. There has to be a problem, and a severe one at that, to receive any level of care. Even the wellness activities at area hospitals were considered to be financially inaccessible. Participants could not understand why these costs had to be so very high. While several senior citizen centers have free wellness classes that are unattended, this was considered to be a problem of communication with the public, a complex issue in its own right.

The lack of preventive care in PW was viewed by participants as being due to the extraordinary level of chronic health problems that exist relative to the financial resources in the county to deal with them. For instance, chronic problems of the very poor are dealt with in Free Clinics. Participants indicated that, often, these morning or evening clinics have two doctors for 300 patients. Consumers seem to understand that, with limited resources, the chronic problems need to be addressed first, but they still experience frustration at the difficulty of getting help to prevent chronic disease in their own lives.

Specific Concerns of Focus Group Participants

Participants had some very specific health care concerns that were frequently voiced, including those about insurance and HMO's, family stressors (including child care, youth problems, and in home care), care for those with disabilities, mental health care, the need for prevention, and inspections of food, health, and environment.

Insurance and HMO's

Participants consider the insurance companies and HMO's to be disconnected from the health care dialogue (as they were in this focus group process). Thus their decision-making process is perceived by most professional respondents *not* to reflect the common interests of the community. They are perceived to make decisions based on financial considerations, favoring company profits rather than patient needs.

In-home care

Insurers and HMO's are also perceived to make apparently arbitrary decisions that, not only don't serve the community, but don't serve their own financial interests as well. For instance, rather than paying a family \$4,000 per year to care for a disabled family member, they will pay \$11,000 or more per year for institutional care. Thus, families have the choice of not having their loved one with them or of providing care without any financial compensation. There are a limited number of group homes or Assisted Living Centers in the area, both of which are less expensive alternatives to nursing home care.

Mental health services

Mental health is the most pressing issue cited by most respondents across all sectors. The specific mental health issues include stress, depression, and anger. Both hospitals have a limited number of psychiatrists, limited inpatient beds, limited resources for referring very difficult situations, and no respite care for families of those with mental retardation. There is especially nothing for severe mental health problems in children, and they can't be placed in homes. There has been a big shift in how mental health is funded so that families are now asked to take the role of the professional when, in fact, they themselves need support and respite.

Psychiatrists in the area can't survive. They need to participate in a managed care company in order to get patients in the door because there aren't enough self-payers to keep their practices going and to allow them to take *some* indigent people. However, managed care, when looking at Virginia as a whole, perceives that the area is saturated. They are therefore not going to let a new psychiatrist into their network. Also, some of the managed care contracts are paying psychiatrists strictly for medications -- \$25 for 10-15 minutes. The psychiatrists are leaving the field because they can't do therapy and can't survive financially.

Substance abuse detoxification is missing. In order to get detoxification, one needs to have a dual diagnosis, be suicidal, or a danger to others. Medicaid doesn't pay for detoxification or substance abuse and, even with insurance, there is little help available. Participants feel that mental health problems won't go away, so you can either treat them now, pay for the prisons, or pay to get them off the streets.

Disabilities

Those with disabilities were the most vocal and distressed. Services are perceived as insensitive to the disabled: that is, they require unnecessary paperwork; they have out-of-date equipment; they deny services for cost-cutting purposes; they refuse to cover everything in a chain of needed services (e.g., providing an artificial eye after the eye has been removed); they label many needs cosmetic in order to avoid expenditures; and, they often don't provide x-rays for orthopedic problems. The system is geared for those with normal health problems and isn't flexible enough to respond to the specific needs of the disabled.

Very specific needs that aren't getting met are: treatment of pressure sores, bladder problems, and

respiratory problems; respite care for families that are taking care of someone who is disabled; dental and hearing needs, as well as foot care; psychiatric or counseling needs; repair of adaptive equipment or how to purchase adaptive equipment; physical therapy, occupational therapy, and speech therapy for prevention of the worsening situation or for ongoing maintenance; and transportation and housing for people with wheelchairs.

Family

For many services, families are now being asked to take the role of the professional when they themselves need support and respite. Often when a family member is suicidal, rather than admitting the person for monitoring and care, the health care agencies want to know if the family can keep the gun or knife away from the person needing help. When the mentally disabled finish school, there is no further help available, leaving families without help and without a break from the often-24-hour care. In-home care components are not there for the elderly, for mental health problems, or for the disabled. Insurance is paying for the more expensive treatment, but not for any of the costs of caring for people at home.

Additionally, families face the stresses of long commuter workdays with little help available for after school care for their children or for childcare for the younger children. Available childcare is often too costly, even for middle class families. The repercussions for the issues of violence and drug abuse did not escape the focus group participants. Overall, the availability and quality of childcare facilities, and youth problem, were of concern to most respondents.

Prevention

Awareness of the benefits of prevention and wellness activities are increasing, primarily through some large employers in the area who have been providing and supporting such services. However, health insurance companies are still lagging in their support of prevention and wellness related activities and existing activities at area hospitals are too costly. According to participants, preventive dental care is not available after age 18 for the poor². Participants felt that employers were leading the way and should be encouraged to do more; they also expressed regret that there weren't more preventive services available immediately.

Qualifying scales

Qualifying scales for a variety of medical issues were not highly favored: they were considered to be complex and easily manipulated. Participants told of stories of consumers lying about their income, thereby obtaining a service that honest people may have just missed being able to qualify for by a few dollars.

² Indeed, according to participants, dental care is hard to obtain even when it is an emergency.

Ideas Presented by Focus Group Participants

Interesting and potentially useful ideas emerged from most groups, usually by single individuals, sometimes with comments from the other members of the group. Facilitators captured the most intriguing ideas and have provided them below.

More efficient services

The majority of the ideas were about how to increase health services, better coordinate them, make them more accessible, and make them more efficient.

At the starting point of services, it was suggested that there be a Triage Center that includes diagnostic services and referral to the appropriate services. Given the continual lament that transportation and county size were impediments to effective service, there could be Triage Centers in various sections of the county. It was suggested that these be managed by someone with experience having to deal with the system as a consumer -- that is, someone who is sensitive to those entering the system.

It was also suggested that the various organizations have specific, rather than overlapping, services. For example, have the Health Department really skilled in one area, the CSB in another, and the two hospitals in yet different areas.

SERVE was frequently cited as exemplary of an efficient and sensitive organization: they provide good services and promote personal responsibility. Additionally, since SERVE is private, it can utilize volunteers. It was also suggested that other services could be contracted with in the private sector: e.g., a fitness gym could be contracted with to provide many restorative services and could do it more cheaply, with less startup than hospitals or specialized centers. Perhaps they could be given tax credits for providing the service.

Youth in PW could be tapped for volunteer services. This would provide needed services as well as tap the innate goodness of youth and build character. Volunteer work could be made a requirement for graduation. Through volunteers, one could also partner the cognitively handicapped person with the physically handicapped person. That, it was stated, is collaborative living.

Online services were seen as critical to efficiency and accessibility. A county website could be developed that listed the various health resources. This could help consumers determine what services are available and could house basic information about availability of services, to be used by agencies to make placements and referrals. All agencies would have access. Utilization data could also be more easily gathered. This is not described as a complex system with sensitive information on it. Rather, it is a system that literally lists availabilities at each site so that referral agents and consumers could know whether or not a service is available. There could also be a Health page in the telephone directory on which all health services were listed and organized.

Support groups could also be accessed on the Internet. Consumers can now go to "ask.com" and find out anything they want, including availability of support groups. Physicians could look up resources for their patients; patients could become educated about their diseases; the elderly and isolated could communicate with their children and grandchildren.

An essential component of this complex network of services is the evaluation of customer satisfaction. This would make the services more accountable to the community and provide consumers with more input into the system and power to change it.

Allocation of funds

In several focus groups, there were fairly strong feelings among participants that money that is being spent on elaborate jails should be diverted to health care for low-income persons. Funding medical care for the poor was considered essential in that, according to some participants, we end up paying for health care for the poor one way or the other: emergency room visits drive up the insurance costs.

Communications

Participants frequently alluded to the complexity of health care communications, given the multiple languages and ethnic groups now in PW. Thus, there were various ideas about how to reach all segments of the region, as listed below. The central idea was to advertise in multiple languages and educate at places where everyone has to go to or have contact with, such as:

1. Tax offices and tax correspondence.
2. DMV
3. Food Stamp offices
5. Toys R Us, at shopping centers, and at churches (where the languages are the same)
6. Schools where children will take the material home to parents
7. Existing leaders in the various ethnic communities
8. Parish nurses in Prince William.

Educate about prevention

Participants felt that it is important to better educate the public about health prevention strategies (nutrition and pregnancy issues). The WIC program could easily do this, or, couples could watch a video that was required for getting a marriage license. Have a community drive that educates the whole community about planned pregnancy. Tax sugar and pay for the needed dental care.

Commuting and parenting issues

Parents should be allowed to work at home. This would reduce the commuting problem and let them be available for children after school. Additionally, if schools were available for non-school issues, such as providing after school programs for youth, or providing wellness activities for the community, then a greater sense of community could be established and the burden on commuting parents could be eased. Smaller recreation centers in more areas of the country were suggested as

replacements for the existing, very large centers that exist in few places and at great distance from many citizens.

Summary and Recommendations

Participants of this process were excited about being able to give their input; they asked if they could see the results of the process, suggesting a very real interest in the final outcomes; and they provided some very creative ideas for coordinating services, for educating the public at large, and for solving some difficult issues such as the lack of community spirit, or the commuter problems. It is a beginning step in having community involvement in resolution of problems pertinent to its members. As in any new process, the turnout may have been less than expected because the public at large had low expectations of the process. Should these results be published for the community to see, there could well be a substantial increase in its involvement in an ongoing effort to improve health care services in the area.

We therefore recommend that the findings of the process to date be published for public comment. This could increase the input particularly of the non-professional consumer and would be a process of continuing to engage the public. At some point in the process, the public will most likely assume that their input is truly valued: subsequently, a fuller community input of ideas would be obtained and Prince William would have taken a large step toward developing the community spirit which citizens appear to find lacking.

Professional/Special Interest Group: Preventive/Primary Care Services, March 12, 1999

Group Level Information

Bias: The group included a number of pediatricians who, themselves, indicated that the group was "preaching to the choir" since pediatricians are by nature prevention oriented.

Effort/Involvement: This was a very involved group with strong feelings about the subject.

Demographics: Gender=5F, 3M
Age range=33-58
Race=6WH, 1H, 1O
Income=1(50-59000), 1 (60-69000), 2(100-125000), 4(>125000)
All insured

Size: 8

Facilitator: Gayle Hamilton

Question Level Information

What role, if any, should local government play in assuring a community's health?

Organizing health care for the population from birth to death.

- 1. Many illnesses and injuries can be prevented completely or at least made less severe with regular visits to health care providers. However, these preventive and primary care services need to be readily available.**
 - a. What preventive services do you think should be available as part of primary care?**

The group listed the following preventive care services that they thought were needed:

Immunizations and child care.

R.N.'s in schools could perhaps provide minor triage for minor medical illnesses and preventive classes, such as sex education.

Doctors could be more trained in nutrition and body energetics.

Dietary education for the prevention of heart disease and obesity.

Well women's care: pap smears and mammograms for all women over age 40.

All age-appropriate cancer screenings.

Anticipatory guidance for osteoporosis.

Screening for diabetes, heart disease, and high blood pressure.

Violence prevention.

Trauma between age 1 and 40 is a major cause of death.

Therefore, the American Trauma Society, along with the Sheriff's Department and State Troopers, should go to fairs and provide lectures to juniors and seniors, using a mock incident.

Insurance companies and HMO's need to be encouraged to focus more on prevention for the well person rather than on the sick society that we have now.

Mental health and behavioral services.

Screening for drug and alcohol abuse.

Parenting skills for young adults, social skills, and life crisis skills.

b. Should these services be available through public funds for everyone or should the public only pay for services that will save money in the long run?

The following *informational* comments were made:

The Fair Business Practice, which was approved in Congress, is offering a reform provision in health care, to pay for preventive care, to which there was no response from the group.

There are screenings that are already free at Giant and other community events.

The group felt that there were definitely some issues that were best dealt with through public funds because these services saved so much money in the long run. They included:

Screening for diabetes, heart disease, cancer, and high blood pressure.

Immunizations. One participant mentioned that immunizations do impose a risk for some people; therefore, it is troublesome to require people to pay for something with such an attached risk.

Violence prevention and mental health services are important to offer because entering the criminal justice system is so costly.

They understood that these services were often early intervention and felt that they should be considered to be prevention.

It was suggested by one of the pediatricians that the government first pay for those efforts that were documented to be effective. It is hard to prove, for example, that education programs work very well and they are very expensive.

Immunizations are not costly. And, the group felt that the government spending priorities ought to be on those services that saved the most money in the long run. "That is the litmus test". And, the group generally concluded that most of the services mentioned are money savers in the long run.

c. Who, if anyone, should make these services available for everyone?

The group described various programs in different parts of the country that provided the same early childhood services through the government in some cases (e.g., California) or through foundations (e.g., Pennsylvania, funded by the Hines Foundation). It was also mentioned that the cheapest way of providing services is through a Free Clinic, which makes use of volunteers and therefore has reduced administrative costs.

One participant felt that this would depend on the community, how it functions, and who can provide the services most efficiently (e.g., churches or special interest groups). All felt that there would always be poor people who need services. Indeed, group members felt that one could not live in PWC on three times the poverty level! There could, and should, also be partnerships between, for example, universities and community groups such as churches and organizations dealing with ethnic issues.

Strength of Response

This was a very intense group, committed to prevention services, and in agreement on their remarks. This question took up a large portion of the evening because of their feelings about the subject. They were coaxed on to the next question, only with the reassurance that, if time, we could come back to this question.

2. In order for health care policies (preventive services, primary care, emergency services, and long-term care) to be developed, data must be gathered to describe the needs of our community.

a. Who should be responsible for collecting the data and making it available for policy makers?

The group felt that this was a very difficult question and concerned confidentiality. They felt that the academic world in partnership with the State agency that has the data provided the most accuracy and precision. Researchers would then watch over the process.

Agencies in both the public and private sectors must cooperate with one another to develop the appropriate response to a problem once it is identified.

b. Who, if anyone, should be responsible for ensuring that agencies cooperate with one another?

c. Who, if anyone, should be responsible for monitoring progress after

a need has been found?

The group expressed nervousness over the question. It sounds a little like Big Brother is back again. The government agencies should provide oversight over outcomes data and reporting and themselves report back to a licensing agency. The oversight, or evaluating, agencies should not deliver the services or derive any income from the process. GAO does this now. There should also be citizen input to this process.

One participant expressed the fact that the missing piece of this is accountability between the people who are providing the service and those that are receiving the service. Physicians are accountable today, not only to patients but also to its agency, the hospitals, and the Health Department; but there is a lack of accountability to the person who is actually provided the service. Perhaps the community should re-establish a citizen's accountability mechanism and have them be the ones who make these "issues stick". That is, the health care provider needs to be able to be responsible and empowered to be responsible.

Strength of Response

The group was nervous about this question and felt somewhat shaky in their responses. There was general agreement but a feeling that the larger community needed to be informed about, and have input into, the process.

3. In our community, a greater number of the uninsured poor population has the ability to receive health insurance for their children.

a. Should uninsured families, unable to pay for medical services, be required to apply for public insurance programs before being accepted for "free" care in the health department, free clinic, or emergency rooms?

The initial response to this question was "no"; that process isn't humane. After further discussion and reflection, however, the group felt that it should be required as part of the first contact at least. Providers could educate the entering patients on the effect on others of not applying for free care. A complicating issue was whether or not the requested need was acute or preventative?

***Note: This was the end of the transcript. The remainder of the information provided is from the Moderator's notes.*

b. How can these agencies make sure that those children who qualify for this program are enrolled?

There were several mechanisms discussed:

Be more accountable to patients so that their cynicism is less; this is why they don't show up.

Educate patients about the process. This is very important.

Make the paperwork less.

Provide the information (including costs) to school nurses and other points of service, such as SS agencies and private practitioners.

c. How can the information be disseminated such that those who qualify become enrolled, but also understand how to utilize this program for their children?

Group thoughts included the following:

Place the information in grocery stores and on community message boards.

Put the information at McDonald's and other fast food chains.

Involve persons who have had end-stage diseases to help educate others about preventive care (e.g., those with cirrhosis talking to alcoholics).

Large-scale TV advertisements on programs such as Oprah. This could be very effective.

It was also suggested that PWC should look at educational programs in other counties, such as the Oregon Experiment.

Strength of Response

There was general agreement from the group on this issue, but it wasn't an issue with much group investment.

4. Prevention (e.g., cancer screenings, cholesterol checks, and immunizations) is the most cost-effective way to maintain good health.

a. Should rewards or penalties be built into private or public insurance plans to promote the use of these services to prevent unhealthy behaviors?

The group felt that there should be both rewards and penalties. HMO's are already building in penalties, but it is not happening here. A penalty could be a "fat tax" on potato chips. The group felt that rewards were easier, such as reduced premiums for certain behaviors.

b. What keeps people from using these services?

People don't get involved in these services because they are not always made convenient to the public, it requires self-discipline; and they are not always available. The public needs to be better educated about the process.

Strength of Response

The group had some intensity of feeling, but struggled with the reward/punishment issue. It appeared to be an issue that required from the group more time and some pre-education about the issues and possibilities involved.

5. **To decrease the number of unintended pregnancies, access to family planning services must be available.**
- a. **Do you feel that the government (federal, state, and local) should make sure that health insurance coverage for family planning services is available and affordable for everyone?**

The group felt that the government *should* make sure that there is insurance coverage for family planning services and pointed out that Medicaid does pay for family planning services. They also felt, however, that moral issues have to be left out of it and that there should be more equitable services for women and men. Currently, men can get Viagra but women can't get birth control pills.

- b. **If not the government, who should be responsible for making sure that these services are available and affordable**

The group felt that it had to be the government; they couldn't think of anyone else who could do it.

6. **Counseling about nutrition, vitamins, and lifestyle before pregnancy is a necessary part of planning a healthy pregnancy, yet women without health insurance will not receive insurance coverage (i.e. Medicaid) unless they are already pregnant. Who, if anyone, in our community should be responsible for making sure that all reproductive age females have this health service available to them?**

Schools should provide this counseling. The WIC program has money and could do it. Students could watch a video that was required for getting the license for marriage. It might even be important to have a community drive that educated the whole community about planning for pregnancy. This would be the first expression of public responsibility for the health of their children.

7. **Nationally and in Prince William dental disease is found more often in the low-income population. Often, access to dental care is limited by an individual's ability to pay. Medicaid provides dental coverage only to children and there are very few dental Medicaid providers in the area. Who, if anyone, should be responsible for providing care to those low-income groups unable to access care?**

The group felt that Dental Schools could provide this care. However, some, such as the Georgetown school, have closed. The insurance programs could assign risk programs and Dentists would be required for these assigned risks. There should also be a prevention program on sugar and Kool Aid. Perhaps there could be a tax on sugar that goes to dental care.

Strength of Response

There was sufficient agreement from the group, but not a lot of investment in the question.

8. **In order to decrease the number of unintended pregnancies, effective and desirable methods of birth control are needed. In the United States product safety information for contraceptives is gathered by continuous monitoring of a product even after it has been approved. This slows down the introduction of new contraceptives into the market and, in some cases, makes products approved in other countries unavailable in the US. What, if anything, should be done to help simplify the process so that contraceptives tested in other countries are available in the US?**

The group was in agreement that nothing should be done. They felt that the process is a good one.

Strength of Response

There was strong agreement among group members. They literally felt that there was nothing else to discuss here.

9. **The concept of health care as many levels of services from preventive to rehabilitation is probably foreign to most people. How should people be educated regarding the levels of services available to them and how best to use these services for good health?**

One should start with primary care physicians and educate them. Information could be disseminated through:

- , Libraries
- , Public radio
- , Book mobiles
- , Soap operas
- , Power Rangers on TV
- , Segments on video games
- , Schools
- , Hospitals, through massive mailings
- , Public/private partnerships, such as with Colgate
- , Churches, specifically for African Americans and other ethnic segments of the population
- , Ethnic clubs

The group felt that the following would reach the most people:

- , Grocery stores
- , Department of Motor Vehicles
- , Television

Participants further indicated that one ought to be educated on this subject when they come in to see a physician and that, in order to receive free services, they need to show an understanding of the information. Further, they felt that there should be more exploration of the extent to which government could give financial incentives for good health.

Professional/Special Interest Group: Government Systems, March 15, 1999

Group Level Information

Bias: No clear bias was evident in this focus group.

Effort/Involvement: All participants were involved in the discussion.

Demographics: Gender=2F, 2M
Age range=51-65
Race=4WH
Income=1(40-49000), 1(70-79000), 1(100-125000), 1(>125000)
All insured

Size: 4

Facilitator: Amr Abdalla

Question Level Information

Should the quality and effectiveness of medical care and human service programs be monitored by one agency or organization? How? Who?

Respondents were mainly in agreement that there is a need for coordination of these services. They, however, were not clear on the mechanism of this coordination. Some preferred the current status, with better coordination, and others preferred one organization to take on this task. Respondents mentioned several problems that may be encountered when trying to coordinate these efforts. The problems were due mainly to the difference in the nature of services (for example: government vs. private, state vs. local), and the nature of the prospect organization.

Strength of Response

Responses showed a definite need for coordination, but little clarity on how to conduct this coordination.

- 1. As the health care industry changes, and welfare systems are restructured, new ways of providing services are emerging. Community not-for-profit charitable organizations are providing health promotion and prevention services that previously were delivered only by hospitals, health**

departments, and doctors' offices.

- a. What should be considered by private organizations and government agencies when deciding whether to deliver these health promotion and prevention services (cost, current availability in the community, effectiveness of intervention)?
- b. How should these services be integrated with the services being provided by other agencies in the community?
- c. In some areas the health care industry has begun delivering services, such as contact tracing for infectious disease, that until recently were only provided by health departments. What should be considered by private organizations and government agencies when deciding whether to deliver health protection services?
- d. How should these services be integrated with those services being provided by other agencies in the community?

Respondents again agreed that there is a need to coordinate services. They agreed that there are services that may be delivered by private organizations, but were concerned that this may result in duplicating administrative and other costs unnecessarily. They also discussed the concept of a case manager for health care, where for every patient there is a case manager who coordinates the health services for the patient. Again, the materialization of this concept was not clear. They also suggested that an organization's ability to deliver these services need to be evaluated and measured.

As for contact tracing for infectious disease, respondents were concerned about what incentive the private organizations have to maintain records in a manner that serves the public. There were concerns that there are no clear definitions or rules for private organizations.

Strength of Response

Responses showed that there is a great concern regarding how private organizations would handle confidential matters, and how they can coordinate services.

2. **Data on certain health problems is needed in order for the public health system to run efficiently and to safeguard the health of the community.**
 - a. What data would you be willing to share for public health needs?
 - b. What restrictions would you place on the use of data?
 - c. Who should have access to this data?
 - d. How much data should they have access to?
 - e. When a person is receiving services from a number of different agencies, how much information should be shared between those agencies?

f. **Are there circumstances (such as those directly affecting the safety of the community) where data should be shared or released without your consent?**

g. **Who, if anyone, should enforce these rules?**

Respondents agreed that data may be used as long as confidentiality is maintained, and regulations are not violated. They discussed the dilemma of trying to protect the public and people close to someone with an infectious disease, and the right of the individual for privacy. They suggested possible changes to policies and regulations in order to better prevent the spread of diseases, yet protect the individual. Currently, releasing information has to be approved by the courts. If a change is to take place it will be via the legislature.

Strength of Response

Respondents appeared to be in agreement that there needs to be changes to legislation and policies in order to protect the safety of the public.

3. **Virginia has decided that the Department of Health should monitor the quality of services being provided by managed care programs.**

a. **What should this include?**

b. **How should it be accomplished?**

Respondents discussed examples of how people may get mistreated in managed care. This led to discussing a model of regional review of the different sections of Virginia. They discussed the need to have a comprehensive database that allows for analysis of cost and effectiveness, and also which allows for comparison across sections. They did not, however, provide a clear picture of what or how the monitoring should be done.

Strength of Response

Respondents appeared to be in agreement that there needs to be some type of monitoring, but were not clear on how this should be accomplished.

4. **There are many government system structures within our community. Prince William has functions that are performed by local agencies, state agencies with local agents, state agencies without local representation, regional agencies, and federal agencies. What system structure do you think provides the most reasonable tradeoff between service and accountability?**

Respondents did not directly respond to this question, as much as they discussed problems with the current system. There appeared to be multiple layers of service delivery and inspections. State inspections usually applied to

state mandated organizations. Yet local health departments did inspect aspects of work that related to the health department's jurisdiction.

Overall, for service delivery, they all agreed that delivery on the local level is much preferred to delivery by other levels such as the state.

Strength of Response

Respondents appeared to be in agreement that service delivery on the local level is preferred.

5. a. When you think that food has made you (or your family) ill, how do you go about getting help?

There are many parts of the process of getting food into stores, homes, and restaurants. They include food purchasing, processing, distribution, preparation, and finally, consumption. The safety of food in the US is managed under Federal, State, and local programs. Many agencies including the Food and Drug Administration, the US Department of Agriculture, the VA Department of Agriculture and Consumer Services and the VA Department of Health, play a part in setting standards and inspecting for compliance with different phases food process.

b. What level of protection does the current system provide for our community?

c. How should the government be organized to best provide protection and advice to you?

Respondents agreed that they would call the Health Department, which intervenes immediately. They also agreed that there is a need to educate the public about food handling and other basic hygiene information. They suggested using grocery stores as outlets for information. For food establishments, they suggested increased inspections, and also new ways of informing the public of the dates of inspections. They stated that the current system of federal and state inspections of different aspects of the food establishment business is working well. Respondents also emphasized that they preferred inspections of restaurants by the health department, not by other associations whose interest may not be health and safety, but promoting restaurant business.

Strength of Response

Respondents appeared to be in agreement that improvement could be made to better inform the public of the safety of food.

6. As the health care system changes, employees of the system need to maintain old skills or learn new ones.

- a. **How should we (the community) ensure that our workforce is competent?**
- b. **Who, if anyone, should be responsible for monitoring its competence?**
- c. **Who should pay for additional training of health care workers when needed?**

Respondents stated that each agency was responsible for training its employees. They also suggested that the Health Department conduct a type of evaluation to assess the training needs, then provide this training. They also discussed the need to expand the license or training requirement for certain health services such as day care. They were in fair agreement that the agency should pay for employee training.

Strength of Response

Respondents appeared to be in agreement on all aspects of this question.

- 7. **The misuse of antibiotics creates resistant organisms. This can happen in animals and in people. However, when you have an illness you usually want the most modern treatment available regardless of the potential for long-term effects on the community (i.e., antibiotic resistance)**
 - a. **Should we (the community) have policies to regulate the use of antibiotics?**
 - b. **Who should develop these policies?**
 - c. **Who, if anyone, should monitor compliance with these policies?**

One respondent stated that, not being a doctor, she should be able to trust that her doctor is providing her the proper treatment. Most respondents disagreed with the notion that the community may interfere with the professional in his/her prescription of antibiotics, although they welcomed more education on their use and effects.

Strength of Response

Respondents appeared to be in agreement that there needs to be education on the issues, but no interference by the public with the medical profession.

- 8. **(The Department of Environmental Quality is responsible for air and water pollution control in the Commonwealth. The VA Department of Health is responsible for most health-related issues.)**
 - a. **If you had a question about the effects air or water pollution can have on your health, which agency would you call?**
 - b. **What characteristics of each agency make you prefer to call that**

agency for assistance?

For air pollution they suggested that they would call the Department of Environmental Quality. In general, they stated that they would call on a certain agency or department because they know it, trust it, it is close, and they have been in communication with it. All these factors, along with credibility, make it comfortable to contact an agency. Respondents also indicated that there is a tendency to contact the local health department, which in turn directs the concern to the proper department.

Strength of Response

Respondents appeared to be in agreement that they would contact an agency because it is credible, and because they have had good communication and relationship in the past.

Professional/Special Interest Group: Infectious Diseases, March 22, 1999

Group Level Information

Bias: No clear bias was evident in this focus group.

Effort/Involvement: All participants were involved in the discussion.

Demographics: Gender=4F, 1M
Age range=48-52
Race=5WH
Income=1(30-39000), 1(40-49000), 1(70-79000), 1(100-125000),
1(>125000)
All insured

Size: 5

Facilitator: Amr Abdalla

Question Level Information

What about Prince William makes it a healthy place to live? What about Prince William makes it a less healthy place to live?

Respondents cited “fewer people” and “less traffic” as making Prince William a healthy place to live. They also indicated that in Prince William everyone can get medical care someplace, “even if it were the emergency room.” What made Prince William a less healthy place to live was the long commute to work, and being far from the state hospitals.

Strength of Response

Respondents seemed to be in agreement over these issues.

- 1. The Health Department is responsible for gathering information about infectious diseases in our community and notifying people of their risk when they have been exposed.**
 - a. How should we (community, agencies/organizations) determine which diseases should be reported to the health department?**
 - b. How should we (community, agencies/organizations) make sure that they are reported accurately and quickly?**

- c. **Should there be penalties for not reporting? What should those penalties be?**
- d. **What should be done with the information that is collected?**
- e. **What tools should be available for following up on cases of infectious disease?**
- f. **Who, if anyone, should be responsible for doing the follow up?**

Currently there is a list of diseases that need to be reported. The list is determined by the State Board of Health. The question that respondents discussed was whether the list is correct, and does it need to be updated. They also were concerned about other states that do not collect information about certain diseases such as HIV/AIDS, because they cannot get information from such states. Participants were divided on what approach to take to collect information from doctors. Some found that doctors are concerned with confidentiality of their patients. Others warned that trying to “force” doctors to release information may be counter-productive; that there is a need, instead, to create a type of peer pressure to encourage the release of such information.

Participants also discussed how this information is used to interrupt and stop the spread of a disease. They emphasized that the need to report certain diseases is intended to prevent the spread of disease to others; so it is for the public good. One respondent suggested that seeking court intervention may be needed to force the release of such information, or to conduct certain tests. One respondent also indicated that seeking court intervention proved very effective in the past.

Strength of Response

Respondents were in agreement on the need to track infectious disease cases. The mechanism to be used to accomplish this was not clear to them.

- 2.
 - a. **When an infectious disease that could pose a harm to you is present in the community, what do you want to know about it?**
 - b. **How do you want to find out about it?**
 - c. **If you are the person with the infectious disease, what do you want people to know?**
 - d. **How do you want them to find out?**

Respondents agreed that they would want to know how it could affect them and their families, how to prevent it, and who has the infectious disease. As to how to notify the public, they distinguished between cases that may require staying off the street, which are rare, and other cases. In the former, a public notification was appropriate. In the latter, they preferred personal notification, in order to avoid panic. They suggested that if a citizen needs information, the person

could seek it from the Health Department and also from media, and schools. If they were the person who has the disease, they wanted to assure people by providing accurate information.

Strength of Response

Respondents were in agreement on almost all aspects of this question. Some differences existed in relation to what they want people to know, in case they were they were the person with the infectious disease.

3. **For many reasons, such as tracking infectious diseases and monitoring the quality of medical care, information about you is collected and shared between private corporations, providers, and government agencies.**
- a. **How, if at all, should this sharing be regulated to protect your privacy?**
 - b. **Who, if anyone, should enforce these rules?**
 - c. **Under what conditions (such as those directly affecting the safety of the community) should this information be shared and/or released without your consent?**

They agreed that the same regulations should apply to private corporations. The state was suggested as the enforcer. They raised concerns about other individuals who may have access to medical records, such as nurses and office clerks; how do regulations apply to them.

Strength of Response

The responses reflected that this entire issue is not yet regulated or clarified sufficiently.

4. **Some diseases, such as tuberculosis, can pose a risk to the community if an infected person refuses to take measures to protect those around him or her.**
- a. **What rights should the community have to limit the activities (quarantine or isolation) of such a person?**
 - b. **Under what conditions and supervision should these community rights be enforced?**
 - c. **Who, if anyone, should enforce them?**

Respondents agreed that if it was proven that the person is posing a threat to the community that he or she may be forced into a quarantine or isolation.

(Note: transcription was incomplete)

5. **Immigration and Naturalization Service (INS) is supposed to prevent people with infectious diseases from immigrating into our country. However, this**

regulation is often not enforced which results in infectious diseases being brought into our schools and communities, ultimately costing our system money.

a. **Should INS be able to overpower a state's ability to control infectious diseases?**

b. **How should these regulations be enforced?**

Respondents did not have clear suggestions to this question. They indicated that probably INS does not recognize the extent of such problems, and at the same time are concerned about not acting in a discriminatory fashion.

(Note: transcription was incomplete)

6. **An immunization registry is a computer-based warehouse for immunization histories similar to the old paper shot record. The immunization information can be viewed by participating health care providers. This means that each time a person went to a provider, that provider would have access to an up-to-date shot record for that person.**

a. **If Virginia had a statewide immunization registry would you participate in the registry? Why or why not?**

b. **Who should be responsible for maintaining the registry?**

c. **Who should have access to the registry information?**

d. **How should a patient's privacy be assured?**

They suggested that not every health care provider needs to participate. Certain providers, such as emergency rooms need to participate. As for who should be responsible for maintaining it, some suggested the Health Department, or a government entity. Others questioned if a private organization could maintain the registry.

As for the privacy of information, the responses showed that there is a great deal of concern about how much of this information may be released, for medical or non-medical records. The new technology appeared to be ahead of regulations. Therefore, there is a need to control access to information and to penalize those who violate the regulations. But once again, the specifics of how to set up the regulations and how to enforce them were not clear.

Strength of Response

Respondents were in agreement about the initial issues, but were unclear on solutions.

7. **Immunizations are one of the most effective ways to prevent infectious diseases.**

a. **In your opinion, what are the major reasons that people do not get immunized?**

- b. In your opinion, what are the major reasons that prevent health care providers from giving immunizations?**
- c. How would you fix these problems?**
- d. Which problems should be addressed first?**
- e. Who should be responsible for addressing these problems?**

Respondents cited “they just do not like it”, “lack of time, or no easy access”, or “lack of education” as reasons for why people are not getting shots. For health care providers, they suggested that cost, lack of history, and not having the patient’s records may result in not giving immunization. In other instances it is the cost of giving the immunization that is an obstacle. They suggested that there needs to be better education to the public about the benefits of immunization, and the process of how and where to obtain their shots.

Strength of Response

Respondents were in agreement on these matters.

- 8. Many people expect their doctor to use the most modern antibiotics available to treat their illness. Should we (community, agencies/organizations) require doctors to use older antibiotics to slow down the development of antibiotic resistant organisms?**

Respondents suggested that there is need for better education regarding the proper use of antibiotics. The raised concerns about the misuse of some antibiotics, and how they may be used unnecessarily for some people.

Strength of Response

Respondents were in agreement.

Professional/Special Interest Group: Injury and Violence Prevention, April 7, 1999

Group Level Information

Bias: Over representation of law enforcement

Effort/Involvement: High

Demographics: Gender=6F, 10M
Age range=41-51
Race=16WH
Income=2(30-39000), 6(70-79000), 6(100-125000), 2(>125000)
All insured

Size: 16

Facilitator: David S. Anderson

Question Level Information

If you were put in charge of the health of the citizens of Prince William, what one problem would be your top priority?

Respondents reported that their top priority would be education on a wide variety of topics, including child abuse and neglect, communicable diseases, substance abuse, domestic violence, auto crashes, and ways of assisting others. The purpose proposed by the citizens would be to communicate a substantive amount of public information on these topics so that people can make informed choices. Respondents also suggested that it would be helpful to identify ways for people to be involved when their health is affected by others' actions with respect to topics on substance abuse (prevention, early intervention, perinatal addiction, and treatment) and auto crashes (education, regulations, protective equipment, and inspections).

Strength of Response

Moderate

1. **Injuries can be unintentional such as a person falling, and intentional, such as an assault.**
 - a. **Which kinds of injuries do you think are the most important?**
 - b. **How should the community decide which kinds of injuries should be**

addressed?

c. What strategies should we use to prevent injuries? (Regulations, inspections, protective equipment, education)

The kinds of injuries that would be most important are those where bleeding occurs. Respondents also suggested that the most important ones are those that are intentional because they sound more immediate and appear to be more malicious. Respondents also indicated that unintentional injuries seem to outnumber the intentional injuries and that unintentional injuries are more preventable and can be avoided with education. Injuries that result from neglect are suggestive of intentional injuries; an example would be riding bicycles or skateboards without a helmet. Thus the important injuries are based on when bleeding occurs as well as those that are intentional.

The community should use data such as that from a hospital to help identify which kinds of injuries should be addressed. With this data, they may also look at age groups to determine which populations need more protection. In addition, they can use surveys that will help determine clusters of attitudes and risk taking and prevention based behavior among groups. Also helpful will be for the community to look at what is currently being addressed based on the current needs. Within this, the community leaders should look at what is working and what is not working. Also helpful for the community to decide which kinds of injuries should be addressed is to identify what causes difficulty to the largest number of people. Clearly articulated by the group was to not let insurance companies decide which kinds of injuries should be addressed. The process of determining priorities is one that should be consistently open as there may be new data, new community priorities, and changing needs. The important thing is to maximize the opportunity for citizen input, both professional input as well as general citizen input in establishing the priorities.

Regarding strategies to be used to prevent injuries, the primary emphasis is upon education and informing citizens about ways they can take responsibility for themselves and for others. While protective equipment and regulations can be helpful, the primary responsibility is upon citizens to prevent injuries.

Strength of Response

High

- 2. Many people believe that youth violence is increasing because of the lack of family and community support for youth. In our community, one survey found that 20% of elementary school students were either latchkey kids or watched over by siblings before and after school. Another survey found that under-supervision of youth was considered to be one of the most**

significant problems in our community.

a. How do you think that these problems have affected youth?

These problems seem to have affected youth because of lack of supervision, coupled with an increase in the presence of gangs. In addition, the citizens in the region are comparatively economically well developed with few things to do. There are not a sufficient number of socially acceptable hangouts for youth. Thus, combining the lack of supervision, increase of gangs, and lack of things to do results in linkages to injury and assault.

b. How should we (community) address the problem of under-supervision of youth in our community?

The community should address this problem aggressively. It is important for schools and churches and other community organizations to be actively involved in the issue of under-supervision of youth. One way is to use school facilities in this process. For example, other groups such as companies, businesses, and community organizations can help out by providing corporate support or internal support through use of the school facilities.

A second thrust on how to address this problem cited by the group incorporates changes in corporations. Specifically, businesses should be changed to allow parents to be parents.

These corporate changes could make it possible for parents to provide the supervision for their children. Another major change in the schools is to have more activities so that youth can participate. Some of the activities are such that there are only a limited number of places available for youth participation (i.e. 200 kids try out for cheerleading and only 12 make it). The presence of more specialized activities seems to result in limited opportunities for participation; what is necessary is a range of facilities where youth can hang out in a safe manner.

c. What role, if any, should the schools play in violence prevention?

Respondents indicated that the schools already play a large role in violence prevention. A lot of this is already occurring under the curriculum area of family life education. Teachers play an important role in helping students socialize outside their family, which is a tremendous task, particularly with families with limited or no structure. Although they did not answer this, the group raised question about how far reaching the school's role should be.

They further cited the stress level and high-pressure environment faced by youth and how emotionally difficult it is for them to cope in today's world. Thus, the importance of schools and school personnel providing guidance in issues such as anger management and communications is important. The participants stated that it is important to acknowledge the "educational hot bed of pressure" for

teachers and for students, whereby the learning experience in the classroom is compounded and often threatened by issues not directly related to academics such as stress, anger, and disruptive behavior.

d. When is it appropriate for the community to intervene on behalf of a child?

It is appropriate to intervene on behalf of a child when problems are recognized or suspected. The community as a whole should be involved in intervening on behalf of a child; this includes parents, neighbors and others in the community.

e. How should the community intervene in situations where the family has not been able to prevent violence?

The participants discussed how to get the community to raise the kids and to be responsible for other kids and the challenges involved in that. The hesitancy is that some people feel in reaching out to other children who are not theirs and how to avoid stepping on toes. They emphasized the need for greater discussion on ways to support the intervening adults who are the real heroes, particularly when the family is not able to prevent violence.

Strength of Response

Moderate

3. There are many circumstances where injuries can be prevented through regulations that may be viewed as an invasion of personal freedom, such as mandating seat belt or helmet use.

a. Is this an effective way of reducing the impact of injuries in our community?

Participants unanimously believed that regulations are an effective way of reducing the impact of injuries in the community.

b. When should an individual's rights be limited for the greater good of the community?

An individual's rights should be limited for the greater good of the community when there are financial considerations because the community as a whole is covering insurance rates and health care costs; participants indicated that we're paying the bills. In addition, the individual's rights may be limited when the people involved are children. Thus, participants were clear in stating that greater restrictions and different standards are appropriate when children are involved.

Strength of Response

Very Strong

4. Motor vehicle crashes are the number one cause of death for people under

the age of 44.

a. How important is this issue in our community?

Motor vehicle crashes were cited as being very important for the community.

b. Is graduated licensing for new drivers an effective way to prevent motor vehicle crashes? Should it be instituted in our community?

Graduated licensing for new drivers was cited by participants as an effective way to prevent motor vehicle crashes. It would be appropriate to institute in the community. Specifically, distinctions should be made for drivers ages 15 and 16, as well as restrictions for night driving. This is important because of the developmental growth of youth and lower restrictions for drivers should be based on experience. Further, participants indicated that the existence of regulations such as graduated licensing provides support for families to limit the amount of unsupervised driving exhibited by youth. There may be logged hours of supervised driving prior to a driver handling the automobile alone. These regulations provide some structure within which families can operate. Further, it is based on data experience and professional expertise.

c. Is mandatory seat belt use an effective way to reduce motor vehicle crash injuries and deaths? How should seat belt use be enforced?

Mandatory seat belt use is viewed as an effective way of reducing crash injuries and deaths. It should be enforced with a ticket and should also be enforced by family, friends, peer groups, and schools. Enforcement may include removing the driver's license for a period of time for youth found riding in an automobile without a seat belt.

d. How should we (community, agencies/organizations) ensure that children are riding in the appropriate restraints? How should we make sure that the restraints are used properly?

One approach used to ensure appropriate restraints is for the DMV to provide cards or literature to citizens to illustrate ways in which the seats are properly installed and belts are appropriately buckled. Participants also indicated that the business community can help with this process of ensuring that children are riding with appropriate restraints by providing incentives.

e. Should the use of bike helmets be mandated? If so, who should be required to wear them?

Use of bike helmets should be mandated for everyone; all citizens should be required to wear bike helmets. While supporting the idea of mandating bike helmets, some individuals reported that they would not ride a bike if they had to wear a helmet and that was acceptable.

Strength of Response

Moderate

5. **Many communities rely on Neighborhood Watch and other such programs to reduce crime and violence.**
- a. **How effective are these programs at preventing crime and violence? (If not effective, what are some effective ways to prevent crime and violence?)**
 - b. **Who, if anyone, should be responsible for crime and violence prevention?**
 - c. **What can we (community, agencies/organizations) do to develop a sense of community in Prince William?**

Respondents indicated that these neighborhood watch programs have proven to be very effective. However, they are not as widespread as they should be. Everyone should be responsible for crime and violence prevention according to the respondents. To emphasize community in the region, there should never be a situation where someone is harmed and others simply standby and watch. It is important for citizens to own their own community.

To accomplish this, an emphasis should be placed upon knowing your neighbors. A citizen should be made aware of the neighborhood watch. This can be done by force feeding and selling the program. The government should take responsibility in planning future communities with attention to their layout; these should be community-friendly and conducive to a community spirit.

Strength of Response

Strong

6. **Every year guns are responsible for a number of unintentional and intentional injuries and deaths.**
- a. **Is gun safety an important issue for our community?**
 - b. **Is safety regarding other weapons important in our community?**
 - c. **How should we address this issue?**
 - d. **Who, if anyone, should be responsible for addressing it?**
 - e. **Should there be punishments for parents and guardians if their children injure someone with a gun?**

To address gun safety, it is important to be proactive and force feed people on safety considerations. This should be done through education as well as a zero tolerance approach. Overall, respondents indicated that the process to deal with gun safety should be kept simple. They stressed the need for more regulation and more gun control. Further, they cited that the schools have done a good job on addressing gun safety. Citizens should be involved with a firearms safety course and parents should have primary responsibility with guns. It is important to talk about this issue rationally rather than taking sides or

unilaterally doing away with guns. Participants suggested that there is currently no rational discussion and that this is essential if things are going to work. Thus, gun safety is the core issue and not gun control. From an equipment perspective, mandatory safety locks and training should be considered.

Responsibility for gun safety is everyone's responsibility at the local level. In addition, it is the manufacturer's responsibility and the responsibility of the locations where equipment is sold. Guns and weapons must be secured and stored well to avoid their misuse or being stolen. If this is not handled well, the owner of the gun should be responsible for consequences that may occur.

Strength of Response

Strong

7. Many neighbors are confused about how domestic violence will affect them and their neighbors if they call the police with information about suspected domestic violence.

a. Currently, what is the best way for citizens get help for victims and perpetrators of domestic violence?

The best way for citizens to get help is to get into the system. This should be done by calling the police. Respondents indicated that state law requires arrest if there are signs of abuse. Further, they suggested that the issuance of a protective order should be made easier. Respondents indicated that the current system emphasizes the role of the courts in sorting through the issues of violence. They believe that the system is getting better; however, there should be a greater coordination and overall a more combined community response.

b. How effective is the current system for getting help for victims and perpetrators of domestic violence?

Participants cited a concern that doctors and nurses can not report domestic violence because of confidentiality concerns. They thought it would be helpful to have a law that requires the reporting of domestic violence.

c. What are the choices for a neighbor when a child shares with them about violence in his/her home?

d. Is the fear of reporting a neighbor a concern in our community?

e. How do we (community, agencies/organizations) address this concern?

The choices for a neighbor when a child shares violence observations with them are currently driven by the law. Respondents felt that the legal considerations are guiding the discussion rather than health and safety considerations. They emphasized the importance of the safety of the child as well as anonymity. They believed there should be a shift in what the community thinks is the right thing to

do; otherwise, abuse may result.

There was also a sense that those who do the reporting are in fact the heroes, but that this is often limited because of fear of reprisals. They suggested the need for protection from such reprisals as they get involved with observed domestic violence behavior. The specific suggestions were to refer domestic violence into a non-criminal system first. They believe that it is important for the community to stop the isolation from one another. Further, they believe that some standards should be established so that if a citizen sees a certain behavior, then they should handle it with a specific response.

f. How much responsibility does a community have to provide assistance to those victims who leave an abusive relationship?

g. What services should be provided?

h. Who, if anyone, should provide these services?

Overall, the community has a much greater responsibility to address these issues than does the government. The primary response of assistance would be protection from the assailant. This may be done through the existence of safe houses, shelters, counseling, and transitional homes. The existence of work-based welfare is helpful, however, it has only been in operation for 2 years. Key issues related to services that should be provided are housing and transportation. Currently housing is limited with respect to the number of people and the time limitations available for those needing assistance. Also, transportation throughout the county is a problem incorporated with this issue.

Strength of Response

Moderate

8. Community concern for the elderly includes the need for this population to be protected from abuse by a partner or a fatigued caregiver.

a. Which type of elder abuse (partner or caregiver) is of most concern in our community?

b. How should we (community, agencies/organizations) prevent each type of abuse?

c. What can we (community) do to make sure that the community seeks immediate and appropriate help for individuals who are being abused by a partner or a fatigued caregiver?

d. What is the community's responsibility in providing assistance to the elderly?

The type of elder abuse that is of greatest concern in the community is with the caregiver. This is a family member who may be fatigued. This is of greater concern than the person's partner. Respondents indicated that the system is

currently in place to prevent each type of elder abuse. While an area office on aging does exist, funding is extremely low. Financial backing is needed for the caregiver. In addition, day care for the elderly does exist; however, there is a waiting list for these services. Home health care professionals are helpful source of information; however, there is not much of this available. The fire department was cited as a resource that can provide further assistance. The participants suggested that Medicare should support home health care at a greater level.

One suggestion was for a granny plat. This may be a situation whereby people who are currently living alone could be grouped to live together in a format like a senior campus or healthy aging. A concern with implementing this type of approach is the transient nature of the community population. It would be helpful in reducing isolation among the elderly in the region and also for addressing the fatigued caregivers.

Strength of Response

Moderate

Professional/Special Interest Group: Mental Health and Mental Disorders, April 8, 1999

Group Level Information

- Bias:** The group members were all professionals in the mental health field. There were physicians, nurses, and managers/therapists in mental health facilities. There was representation from the indigent in free clinics, hospitals, the Health Department and the CSB.
- Effort/Involvement:** The group was very involved in the questions and interested in the topic.
- Demographics:** Gender=14F
Age range=35-57
Race=12WH, 2BL
Income=2(30-39000), 2(50-59000), 2(90-99000), 4(100-125000), 4(>125000)
12 insured, 2 not insured
- Size:** 14
- Facilitator:** Gayle Hamilton

Question Level Information

1. Do you feel that you have access to high quality medical services in Prince William?

No. Both hospitals are good except that they have a limited number of psychiatrists, limited inpatient beds, limited resources for referring very difficult situations, no respite care for families of those with mental retardation. There is especially nothing for severe mental health problems in children. They can't be placed in homes.

There has been a big shift in how mental health is funded so that families are now asked to take the role of the professional when, in fact, they themselves need support and respite. Psychiatrists are very full. In fact, there is a movement in psychology to obtain limited prescription privileges. If the medical community is short-changed on time, they don't give good care to those whom they think are retarded. Since many don't have doctors, the Emergency Room

carries the weight.

Psychiatrists in the area can't survive. They need to participate in a managed care company in order to get patients in the door because there aren't enough self-payers to keep their practices going and to allow them to take *some* indigent people. However, managed care, when looking at Virginia as a whole, perceives that the area is saturated. They are therefore not going to let a new psychiatrist into their network. Also, some of the managed care contracts are paying psychiatrists strictly for medications -- \$25 for 10-15 minutes. They are leaving the field because they can't do therapy and can't survive financially.

This is because of managed care. Substance abuse detoxification is missing. In order to get detoxification, one needs to have a dual diagnosis, be suicidal, or dangerous before they can get help. Even if one is suicidal, they want to know if the family can keep the gun or knife away from them. This is true for ER's and CSB's. The state facilities won't even take someone if they are suicidal. Medicaid doesn't pay for detox or substance abuse and, even with insurance, they can't get help.

The group felt strongly that, if you are poor, uninsured, or have Medicaid, you have miserable medical services. There is nowhere to go. They felt that mental health problems won't go away, so you can either treat them now or pay for the prisons or pay to get them off the streets.

Strength of Response

The group was intense on this subject and in total agreement on the issues. They were expressing a lot of frustration and saw the major problem as one with managed care.

2. Over the past several decades, treatment of persons with mental illness and other mental disorders has shifted from institutions to the community. Persons with mental disorders are now typically hospitalized only for very short stays for crisis stabilization.

- a. Where should persons with mental disorders be treated?**
- b. Who, if anyone, should pay for the treatment?**
- c. How should regular medical and dental care be provided for people who received their care in an institution in the past?**

One person made a suggestion related to the importance of follow-up care: perhaps do for this population what was done for the geriatric population -- develop assisted living apartments and townhouses. Another person argued that mental health services need to be a public commodity like education because mental health problems do not go away; they are about life and death. This led to the frustration from the group about "how" payment would happen, but, again, the point was raised that you end up paying for these services one

way or the other -- in the jails, in homeless shelters, or charity. The issue of outpatient care was addressed. It was felt that this was a cheaper way to go; however, when it is restricted by managed care to 3-6 sessions, then nothing can be accomplished.

It was pointed out that Medicare is very difficult to qualify for if you are poorly organized and homeless. But if they could get some help qualifying (for example, good case management), then perhaps more could get the treatment they need. There are many kids in the area who are qualified but not signed up. Those that qualify and can't pull things together themselves are a very vulnerable, needy and exploited group.

A Therapy on Wheels type of approach has requested funding in PWC but has been turned down. It might be a good way of catching those who are so needy or are falling through the cracks.

Strength of Response

While the group has consensus on the issues, when it comes to solutions, different ideas are presented with little connection from the overall group. The discussion went from one idea to the other. There was a sense of helplessness in resolving the issues from the group.

3. **Managed care has significantly changed access to mental health treatment services, even for persons with health insurance. Most insurance policies will pay for only very short stays (one or two days) in an inpatient setting.**
 - a. **What types of mental health services should be covered by insurers (including Medicaid)?**
 - b. **Should coverage be the same for all age groups (children, adults, elderly)?**
 - c. **What is a community's responsibility to provide mental health services to the uninsured?**
 - d. **Who, if anyone, should be responsible for providing mental health services to the uninsured?**

The first issue is "who pays for the uninsured". There is no safety net in this state for those with no money. The CSB is under too much pressure and there is no free therapy.

Medications are a big issue. Managed Care won't pay for the newer medications, which work better and have fewer side effects. Even \$10/pill (which is expensive) is cheaper than inpatient care. And the newer medications keep patients out of the hospital. Zyprexa and Depakote are much better than

Prozac and Lithium. They just cost more. Patients, however, won't take their medications if there are side effects.

Strength of Response

There was total consensus on the first statement, that there is no safety net in this state for those with no money. Beyond that, individuals shared their expertise with the group and the group listened.

- 4. Persons under the age of 18 represent almost one-third of the population of Prince William. Because many of our families have two wage earners, children are often left unsupervised for several hours each day. As these unsupervised youth reach out to a peer group, they may become involved in gangs or criminal activities.**

- a. Who, if anyone, should be responsible for the actions of our young people?**
- b. How should we (community) deal with young people in trouble? (punishment, treatment)**
- c. Who, if anyone, should pay for their treatment?**
- d. To what extent should the community be involved in prevention or early intervention of youth problems?**
- e. At what point should the community intervene?**

The group felt that parents are getting blamed for this situation when, in reality, they have no safety net either -- they can't find the support, or therapy, that they need to handle a child that is in some kind of crisis. They are not equipped to handle it alone. And, most families today need two incomes, so there is little supervision for the children. One person expressed that fact that she felt we were responsible for those who are unfortunate. The group agreed with this and felt that the intervention needed to be early. One way to pay back for the service is to do community service in some part of the community. Single mothers have a particularly difficult time supervising children.

There is a trend toward more punitive care. We don't do anything for children in the early stages of dysfunction until they do something criminal. Now we hold them responsible and they are criminalized. There was disagreement on this issue by someone whose friend is a Judge. She finds her to be very compassionate and is trying to find different services for the youth.

One participant felt that there aren't sufficient activities for the youth, transportation is inadequate, and kids don't think adults are listening to them. All agreed that it is time we re-thought everything we do with kids -- that it is currently punitive rather than helpful. The necessary bilingual capacity is also

missing. An idea of a Neighborhood Watch concept was put forward by someone in the group. There was a good group response to this idea.

Strength of Response

There was a fair degree of group consensus on the major ideas put forward. There was especially strong group consensus on the last idea of a Neighborhood Watch concept for the youth.

- 5. Some mental health problems can be prevented, thus avoiding more costly treatment. However, prevention services are often reduced or eliminated when funds are tight in order to preserve treatment services.**

- a. How important are mental health prevention services in our community?**
- b. How should these services be funded?**
- c. Who, if anyone, should be responsible for providing these services?**

The CSB used to do a lot more; then they cut back. These services need to be put back in, but need to be based on some good measurement to find the best payoff. One idea: expertise should be spread among various agencies. Another idea: perhaps the Health Department could be really skilled in one area, the CSB another, the two hospitals in other areas. The same goods shouldn't be offered by everyone. Several people felt this was a good idea.

Strength of Response

There was consensus in the group that prevention services should be put back on the table, but that they should be measured. The latter idea above also had some group consensus.

- 6. Many new medications for the treatment of mental illness and other mental disorders have come on the market in the last decade. Persons with mental illness are usually aware of these medications because of heavy advertising in the popular media. Typically, new medications are costly because of the research costs in developing them. However, some of these new drugs have allowed persons who have spent time in mental institutions to return to live in the community.**

- a. When is it appropriate to offer new medications to people?**
- b. Who, if anyone, should pay for these medications?**
- c. If new drugs allow people to return to the community, where should they live?**
- d. What responsibility does the community have to ensure the acceptance of returning people?**
- e. Who, if anyone, is responsible for their care?**

This question was answered by the group in an earlier question. Managed care took over this responsibility but hasn't met the needs of the patients.

7. **Many persons with chronic mental illness or other mental disorders may not be able to live independently. The law states that group homes may be located in any neighborhood.**
- a. **Where should group homes or supervised apartments be located?**
 - b. **How would you feel if a group home moved into your neighborhood?**
 - c. **Who should decide where these homes are located?**
 - d. **How should these residential arrangements be funded?**

Someone in the group mentioned the total lack of group homes in the area. Placements are being made in Pennsylvania. Another mentioned that services are sometimes available until age 18 and then there are no more: this person had a patient who committed suicide because he couldn't function on his own and couldn't get any services. We can't keep trying the cookie cutter approach. Instead of stereotyping, we have to start over and understand their individual needs. There was no discussion of where the homes should be located.

Someone expressed surprise over the question which he/she felt was out of date. In the 70's the Board of Supervisors ruled that people with mental retardation, developmental disabilities and mental health problems could live in any residential area. No special use permit was required. Another person expressed that perhaps the question was getting at the attitude of the community, not the law. Group members then asked each other how their communities would feel if a home moved in. The group voted on separate groups: developmentally disabled/mentally retarded; or mental health. For the latter, all but one raised their hands, suggesting concerns about the specific mental health issue of sexual abuse. For the former, they felt there would be a stir in their neighborhoods but it wouldn't be rejected.

A participant, working with the disabled, described how, before setting up a group home, they canvas the neighborhood, are up front with them about what they are doing, and provide them with national and state literature on the subject. They can usually get the support of the neighborhood.

Strength of Response

The group agreed on the lack of available homes and also agreed that their own neighborhoods would have some difficulties with such homes, especially for those with mental health problems.

8. **Current laws provide funding for specialized services for persons with mental disorders and other disabilities up to the age of 22 through our**

public school systems. With proper supervision and advocacy, many of these persons can be gainfully employed, thus helping to avert crises requiring expensive inpatient stays for stabilization.

- a. Should supervised employment be provided for these persons?
- b. If so, who should fund these special services?
- c. Where should people with mental disorders who are employed through such a program live?
- d. How should we (community, agencies/organizations) ensure that they have adequate transportation to and from their workplaces?

It is very rare to get services through age 22, especially the severely ED.

Transportation is the biggest issue: perhaps the agencies providing services could be given enough money to take care of the transportation. Someone in the group mentioned that their agency is the largest operator of transportation after the schools and OmniLink, and they are just breaking even. They write grants all of the time to keep this services going. But they keep quiet about their services because they are being used for their own patients.

Strength of Response

The group felt that they had been over the issues presented in this question and so did not invest much in it again.

9. **Many elderly are known to suffer from depression. Suicide among the elderly is high, yet the elderly are difficult to reach with traditional services because of physical and social isolation.**

- a. What is the community's responsibility to reach out to this group?
- b. Who, if anyone, should be responsible for making sure that the elderly have access to needed services?
- c. Who, if anyone, should pay for the specialized services needed to reach this population?

One group member offered some "hot-off-the-press" information that the elderly are not going to mental health services. They won't self-refer. Once they get to a primary caregiver's office, they are given dismal services. Thus, there is a high rate of suicide within a month of visiting a primary care doctor. The providers are not looking for signs of depression and often interprets them as cognitive decline. They should be trained to know about the medications because medications are different for the elderly.

And now they are thinking that depression may lead to cardiac events, rather than the reverse. They need holistic services where the primary caregiver is looking for physical and emotional signs. The elderly are more receptive to getting mental health services if they are being seen for a physical problem,

largely because there is the old view that you should deal with your problems by yourself. The services should be almost like those in a clubhouse -- with two professionals for every three clients, a therapy spin, and less documentation.

The group agreed that elderly services should be among the best funded, largely because everyone is going to become elderly.

Strength of Response

There was strong group agreement that something has to be done about the problems of the elderly. The group had general agreement with the idea that there should be a kind of clubhouse for the elderly with multiple services.

10. Many adults with mental illness or other mental disorders have been cared for at home by their families. As their caretakers age and die, these people lose their lifelong support system.

a. What is the community's role in caring for these people when their caretakers can no longer do it?

b. Who, if anyone, should pay for this care?

The group felt, again, that they had answered this question. Someone suggested that if the care facilities were "put out for bid", the county could probably get assisted living (like Potomac Place) that has a model of separate apartments, someone checking on you, and good meals.

Strength of Response

The group had no investment in this question because they felt they had already answered it many times before.

Professional/Special Interest Group: Wellness, April 8, 1999

Group Level Information

Bias: No clear bias was evident.

Effort/Involvement: All participants were involved.

Demographics: Gender=4F, 2M
Age Range=33-60
Race=12WH, 2BL
Income=2(30-39000), 2(50-59000), 2(90-99000), 4(100-125000),
2(>125000)
All insured

Size: 16

Facilitator: Amr Abdalla

Note: Transcript of tape did not cover the entire session

Question Level Information

What has happened in this community in the last five years that has had the biggest positive impact on your health? What has happened in this community in the last five years that has had the biggest negative impact on your health?

The increase of information provided in different ways was cited as having a positive impact. Other positive factors are the increase of fitness centers and the opening of new outlets for educating the public. In general, they agreed that wellness issues are being communicated more effectively.

However, respondents highlighted that despite such efforts to improve wellness, the rate of obesity is high. They discussed other hindering factors that exist in the community. Examples of that are cutting school budget for physical education, and negative effects of watching TV and other unhealthy practices. In addition, they discussed the negative effects of parents' long working hours which result in serving unhealthy meals to children. Another hindering factor was the competitive system of sports at school- unless you are a super athlete you cannot play. This puts too much

pressure on kids.

For the older population, respondents agreed that being a commuting community, adults have little time to do anything. Senior citizens also suffer because of the high cost of some of the services. They also expressed concerns over the limitations of insurance coverage and restrictions they put on educational and preventive services.

They also pointed to the effect that media has by focusing only on youth, and marginalizing the senior population.

Strength of Response

Respondents were in complete agreement on the issues that were raised here.

1.
 - a. **Should a persons insurance support wellness activities (smoking cessation programs and exercise or nutrition programs)?**
 - b. **What types of activities should the insurers support?**
 - c. **Should wellness counseling be available through employee assistance programs?**

Respondents agreed that there is enough research to support the fact that wellness and prevention activities are cost effective. However they do not believe that insurance companies are doing enough to support such activities. Some respondents indicated that what insurance companies are doing is more of disease management where they focus prevention efforts based on certain conditions. Respondents agreed that insurance companies were mainly driven by the profit bottom line, not necessarily the support of prevention and wellness efforts; so where there is a proof that wellness will save money they support such activities.

Respondents also indicated that large corporations now provide wellness activities, and that it is becoming more widely accepted. Respondents identified wellness counseling in a broad sense to include activities that would improve aspects of life such as: nutrition, exercise, stress relief.

Strength of Response

Respondents were in agreement that insurance companies could play a more effective role.

2.
 - a. **What is missing from our current system that is needed to support everyone in their wellness activities?**
 - b. **Is our current system available to everyone? Why or why not?**
 - c. **What do we (community, agencies/organizations) need to do to**

promote the idea of lifelong fitness and wellness in our community?

Respondents stressed the need to provide opportunities for healthy life by providing, for example, healthy food in cafeterias, and healthy items in snack machines. They agreed that wellness efforts require the backing of the organizations, attitude wise and financially.

Another area of agreement among respondents was the need to network or to coordinate activities among different organizations that are involved in the field of wellness. This was deemed necessary in order to prevent duplication of activities and to provide more effective services.

Another factor that was stressed by respondents was the role of leadership in promoting wellness in an organization or a community and ensuring that wellness activities and information are available. One respondent stated that research showed that effective leadership role accounted for 50% of the success of such programs.

As for the availability of wellness services, respondents indicated that there was a need for better transportation to assist youth in getting to recreation centers. They were concerned that teenage students have no access to activities other than staying home watching TV. The same issue, transportation, was raised as a concern for how senior citizens could get around to different activities. One respondent suggested that there is a need to make the community, businesses and organizations, aware of this problem so that they may provide solutions.

Strength of Response

Respondents were in complete agreement on the need to expand wellness activities and make them readily available.

- 3. Tobacco and alcohol are products that have been proven to be harmful to health. The use of these products is regulated through age restrictions and taxes.**
 - a. Should tobacco and other harmful products be regulated out of use or should we (agencies/organizations) use other methods to discourage their use such as prohibition and taxation?**
 - b. Should the state set limits on health intervention such as tobacco control or should localities be allowed to have additional restrictions?**
 - c. Should there be different types of regulations and penalties for activities that harm yourself versus those that also harm others such as second hand smoke and driving under the influence?**
 - d. How should the regulations be different?**

e. Who, if anyone, should be responsible for enforcing them?

Respondents indicated that for youth, they obtain alcohol and cigarettes from home, which suggests that efforts need to be made to target parents.

No more transcript

Professional/Special Interest Group: Education, Community-based Programs, and Health Communication, April 26, 1999

Group Level Information

Bias: High toward health professionals.

Effort/Involvement: Moderate

Demographics: Gender=6F, 3M
Age range=39-60
Race=8WH, 1BL
Income=2(40-49000), 2(50-59000), 1(80-89000), 2(90-99000),
1(100-125000), 1(>125000)
All insured

Size: 9

Facilitator: David S. Anderson

Question Level Information

1. **As the health care industry changes, and welfare systems are restructured, new ways of providing services are emerging. Community not-for-profit charitable organizations are providing health promotion and prevention services that previously were delivered only by hospitals, health departments, and doctors' offices.**

- a. **To what extent is there duplication in the services being offered by different organizations?**

Some duplication was cited by participants in health promotion and prevention services. However, this was not necessarily bad. Duplication was cited on substance abuse and parenting issues. The duplication that exists includes some cross referrals as well as geographic (east and west) duplications. The participants indicated that some duplication is good for various agencies to provide similar services since some people won't go to different places. They also said that this duplication is helpful because education is needed very badly.

A suggestion made in this regard is that none of the human service agencies have public information officers as a separate position. This would be helpful to provide information to staffs so that inappropriate referrals are not made.

b. How appropriate is this duplication?

While the participants indicated that duplication is not necessarily bad, it is important to not duplicate too much. Thus, they felt the need to coordinate better. They did cite, however, the public perception of duplicated services. They indicated that targeting is okay as long as it is not too much duplication. They also said the reason and focus for different targeting, as well as different topics, may vary and thus, while something appears to be duplicative, it may in fact not be duplicative.

c. To what extent should these services be integrated with the services being provided by other agencies in the community?

Health promotion and prevention services should be integrated by seeing where the need fits into the existing programs. Thus, while many groups and agencies do prevention work, it may not be called that.

d. Who, if anyone, should ensure that these agencies work together?

There should not be a single government agency that ensures that these agencies work together. Rather, a public-private partnership should have this coordination responsibility. In addition, all agencies and organizations still have their own responsibilities.

e. What should be considered by private organizations and government agencies when deciding whether to deliver these health promotion and prevention services?

One thing that the group considered as important is to determine if the services are desired by citizens. Another consideration is whether the services are already being provided. A third consideration is cost-effectiveness. Fourth, a focus on coalition at the grass roots level is an important consideration.

Strength of Response

Moderate

2. In some areas the health care industry has begun delivering services, such as contact tracing for infectious disease, that until recently were only provided by health departments.

a. To what extent is there duplication in the services being offered by different agencies?

b. How appropriate is this duplication?

c. To what extent should these services be integrated with the services being provided by other agencies in the community?

d. Who, if anyone, should ensure that these agencies work together?

e. What should be considered by private organizations and government agencies when deciding whether to deliver health protection services?

While there is some duplication cited by participants, there are multiple places for services. Thus with contact tracing, this is not duplication and not inappropriate. Overall, attention to ensuring that agencies work together should be handled by the health department, which can provide coordination toward a public-private partnership.

Strength of Response

Weak

3. **Healthy People 2010 has adopted two broad goals for the nation's health: increase the quality and years of healthy life and eliminate health disparities. These goals recognize that individual members of a community may be at risk because of their own particular situations (poverty) and that members groups within the community may be at risk because of their membership in that group (race, gender).**
- a. **Under what circumstances should people be eligible for special programs?**
 - b. **How do we determine who should be eligible?**
 - c. **How do we identify classifications for people in order to determine population needs?**
 - d. **How should we identify special populations groups within our community?**
 - e. **To what extent should the community support special needs?**
 - f. **Who, if anyone, should be responsible for providing these supports?**
- As the community changes, the special needs of individuals and groups will also change.**
- g. **How should we monitor these changes and needs?**
 - h. **How will we know when we have succeeded in reaching and assisting those with special needs (i.e., when we have eliminated disparities)?**

Important within this issue is to define a range of categories with specific situations and specific groups. Thus, to obtain a thorough response, it is important to ask many, many professionals. The first circumstances for eligibility should be where there are gaps in services. At a second level, it is to examine the level of services. Related to this is where external funding appears to fill a specific gap, the county can do this and use this funding for these specific purposes. The community should support special needs to the extent that those actually exist. Ultimately, however, people should be empowered to support themselves. Participants cited the unavailability of human services 24 hours a day. Thus it is important to balance the political process with a statistical needs assessment process.

Changes should be monitored by examining customer satisfaction as well as statistical data and the demographics of the area. Overall, better statistical information is important since so much is presented on an anecdotal basis. Currently much is addressed based on who has the loudest voice. What is important is to balance these voices with quality statistical data. It is also important to anticipate emerging and changing needs. These data sources should be consistently applied as well as involving sharing and blending without regard to turf issues. Ultimately, they should be coordinated by an agency with a focus on the data and specific numbers rather than in a threatening way which may be guided by individual roles. This emphasis on data ("the numbers") helps to keep decisions unbiased. This should be done through good coordination.

Strength of Response

Moderate

- 4. Basic health care can be provided in a variety of ways. It can be done in a way that gives everyone the same services, by ability to pay, or a combination of the two. How should health care be organized and provided in our community?**
- a. Health care can also be paid for in a variety of ways such as by the government, through insurers, or by the patient. Which method do you think would best serve our community?**
 - b. Which of the activities involved in distributing and paying for health care should be regulated? By whom?**
- Some expensive services or scarce services (heart surgery, organ transplants) are not available to everyone who might need them.**
- c. How do you think these scarce resources should be divided up? The current health care system does not provide care for all. Many are uninsured, under insured, poor or otherwise unable to buy health care. Communities have often found ways to partially fill the gap. In our community we have Free Clinics to help those not eligible for Medicaid.**
 - d. How should these needs be paid for?**
 - e. Who should be responsible for making sure that services are available?**

Health care should be provided on a sliding fee scale. It should be paid for in a combination of ways. Currently the perception is that the insurers are making money and providing lower services. Regulation should be handled by the government, which has a large role in regulating distribution as well as fees. However, when buying something, citizens want some choice. A specific concern about scarce resources is that false price lists are reported to exist. To help pay for services, the proposal was for each insurance company to provide a

certain amount of funding to pay for the uninsured. Thus, when someone purchases health services or makes payment for health services, they are providing payment for services for others.

Strength of Response

Moderate

5. In our community, a greater number of the uninsured poor population has the ability to receive health insurance for their children.

- a. Should uninsured families, unable to pay for medical services, be required to apply for public insurance programs before being accepted for “free” care in the health department, free clinic, or emergency rooms?**
- b. How can we make sure that those children who qualify for this program are enrolled?**
- c. How can the information be disseminated such that those who qualify become enrolled, but also understand how to utilize this program for their children?**

Participants believe that it was not unreasonable for uninsured families to apply for public insurance programs before accepting free care. What is needed though is to generate some specific strategies on how to reach them. Specific proposals on information dissemination as well as reaching these individuals include using the following:

- , Free clinic.
- , Emergency room (when entering do an interview, provide some education, and identify the insurance that they currently have available.
- , Health van.
- , Face-to-face contact.
- , Fliers at public buildings.
- , Cable TV.
- , Billboards.
- , Sign-up when services are provided.
- , Ask about awareness when conducting customer satisfaction surveys.

Participants highlighted some other issues such as noting that some of the rules appear to be funny, such as having a one-year gap without insurance to qualify for services. They also raised a question about literacy of individuals and not being aware of the services that are available. They were concerned about such free services as being viewed as a welfare program. They suggested public

education and using social marketing to get information out about available services.

Strength of Response

Strong

- 6. Prince William Partnerships for Health defines health-related services very broadly in our community. This definition includes programs such as Neighborhood Watch and community policing.**

- a. What are the responsibilities of health care providers in these types of health-related programs?**

Health care providers have responsibilities including taking calls and reviewing service needs from these sources, such as neighborhood watch and community policing. They need to be more attuned to what is already in the community and incorporate these into routine examinations and discussions. Participants suggested a holistic view of the person in the community. They also proposed reciprocal education programs to educate doctors about these health-related services.

- b. What is the responsibility of a provider for the health of the community above and beyond the patients that go to the doctor?**

The provider has the responsibility to be alert to health risks and to have a visible role. It is also important for the provider to be proactive and conduct pro-bono services. It may be helpful for them to go to the schools as well as to adopt a neighborhood.

Strength of Response

Moderate

- 7. People in need of medical and preventive care face many obstacles such as access to care, getting prescriptions, housing, lack of income, insurance problems, not knowing where to get help, etc. These problems limit their ability to live life to the fullest.**

- a. To what degree should a community attempt to intervene in quality of life issues?**

- b. Who should be responsible for intervening?**

- c. How should we intervene?**

- d. Which of these problems should be the top priority?**

Overall, it is important for the community to provide information to its citizens. One specific suggestion was for a human services phone book which is very easy to use; this may also be viewed as a wellness directory. Another suggestion is to require youth to do community service projects. What is

important is to get information to citizens regarding available services and not simply provide lip service. It is also important to make services actually available. The quality of life of citizens is the community. Participants suggested this is an investment. Currently citizens appear to give up; they make one call and find it is not the right place and do not pursue their need beyond that point. It is important to provide education as well as to give information about how to refer. An information checklist as well as referral numbers may be helpful resources.

Ultimately it is important to get the community of citizens involved in getting an issue viewed as important. At that point the citizens become involved. It will be helpful to put information in every place that a person who could use it could find it. This would also be in a style that is appropriate, which may include pictures. Overall, it is important to educate the community.

Strength of Response

Moderate

8. In order for policies to be developed for preventive services, primary care, emergency services, and long-term care, data must be gathered to describe the needs of our community.

a. Who, if anyone, should be responsible for collecting the data and making it available for policy makers?

Agencies in both the public and private sectors must cooperate with one another to develop the appropriate response to a problem once it is identified.

b. Who, if anyone, should be responsible for ensuring that agencies cooperate with one another?

c. Who, if anyone, should be responsible for monitoring progress after a need has been found?

Responsibility for collecting data and making it available should be handled by the administrative services personnel. This may be a type of human services comptroller. While a system does exist now and while heads of agencies have this information, the overall responsibility for coordination is not identified. Currently the extent to which holes and gaps exist provide opportunities for improvement; if the information and data are organized in a coordinated manner for the county as a whole, the existing holes and gaps provide an opportunity for preparing clearer plans of action. However, the data should be in the form of information and not just data. What is important is to put it together in a way which replicates performance measures. It should also be in a way in which the population gets heard through providing a balance of information collected.

Ultimately, planners should consciously go out and obtain the view of the community.

Strength of Response

Moderate

- 9. Providing information to underserved populations (low-income, non-English speaking, minority groups) is difficult.**
- a. What mechanisms should be used to reach out to these groups?**
 - b. How can the culture and beliefs of certain groups be taken into account in the preparation of information?**
 - c. How can representatives of cultural groups be involved in shaping and preparing health education efforts?**

Participants suggested that there is already a lot of information that does exist. It is important that this not be recreated. Specific strategies to go to groups, such as religious organizations, neighborhood organizations, and community groups, and by conducting this type of outreach, more insights can be gathered. This process also encourages people to be involved. Specific strategies may include direct mailings, posters, TV, videotapes, providing human service points of contact, putting information out in picture and Braille form, and providing translations. The focus should also be heavily on children since they are often the translators of information. Community leaders may also take the information and get it translated as they need it. The use of public-private partnerships can be a helpful strategy in promoting health education.

Participants stressed the importance between reaching groups and recruiting groups. The emphasis here is upon providing healthy communication with group involvement. It is important to invest time to develop a trusting relationship. Further, community leaders should be briefed so that they can do the presentation. Participants cited larger cultural biases that need to be overcome both organizationally and institutionally. To address this, it will be helpful to identify the gatekeepers. Finally, participants suggested not losing the diversity of services when trying not to duplicate.

Strength of Response

Strong

Professional/Special Interest Group: Substance Abuse, May 3, 1999

Group Level Information

Bias: Strong toward substance abuse professionals.

Effort/Involvement: High

Demographics: Gender=5F, 2M
Age range=26-78
Race=7WH
Income=1(50-59000), 2(80-89000), 1(90-99000), 2(100-125000),
1(>125000)
All insured

Size: 7

Facilitator: David S. Anderson

Question Level Information

What does it take to make a healthy community?

The respondents believe that what it takes to make a healthy community are a range of partnerships with a large sense of communication among individuals and groups. They believe that it is important for citizens to feel a sense of connection among one another and by having involvement in a range of prevention and other activities. Participants indicated that it is important to get information to those in need of it. They also think that it is important that consumers feel that they can communicate to those in decision-making positions. Specifically, they recommended that structured groups be established to address various concerns identified for the community. Participants also suggested a range of prevention and wellness activities. While they suggested that health screenings, education, community services board programs were at risk, youth and the D.A.R.E. program are helpful to this effort.

The participants had mixed views on the extent to which the community was felt within the region. While a range of events are offered, the distance among people in the county challenges actual feelings of community. To assist with building bridges between communities (e.g., Prince William County, Manassas, and Manassas Park), communication should be enhanced. In addition, a wide range of community events

should be offered. Participants stated that OmniLink does not cross the county, thus contributing to lack of community in the region.

Strength of Response

Strong

1. **In our community, insurance coverage for inpatient substance abuse treatment is very rare. At most, a person has coverage for in-patient detoxification and limited outpatient counseling.**

- a. **To what extent should substance abuse services be covered by health care plans?**

Respondents reported that substance abuse services should be covered for whatever services are needed. In particular, service coverage should be provided for follow-up. Further, a longer period of time for substance abuse services should be allocated. Finally, participants indicated there should be an allowance for step-down plans based on the necessary transitions that a person is making through their treatment processes.

- b. **Who, if anyone, should be responsible for providing these services?**

Responsibility should rest with the insurance company who will write insurance plans as specified by the employers. Participants stressed that the insurance companies will prepare plans based on what employers specify; therefore, employers need to state their desire for more extensive and lengthy service provisions. The responsibility overall is a shared responsibility for providing necessary services. With the reduction of services available from the private sector and the fact that many people needing treatment services end up in the corrections facilities, it is important from both an effectiveness perspective as well as a financial perspective to provide the necessary substance abuse treatment services to those in need. Participants stated that treatment is a cost-effective approach for addressing issues; simply placing in prison a person who needs treatment is more costly in the long-run because it does not deal with one of the core issues underlying the behavior that resulted in the person being in prison. Thus, cost-effectiveness of treatment should be understood, respected, and serve as a foundation for different strategies and services being offered.

A related comment is with the limited Medicaid funding in Virginia for services. Throughout the comments, participants stressed the fact that the individuals needing substance abuse services in the county are our citizens and that the community as a whole ultimately needs to be responsible for treatment services upon demand.

- c. **Should these services be available repeatedly for those with recurring abuse problems?**

Respondents indicated overwhelmingly that services should be available repeatedly for those with recurring substance abuse problem. Relapse prevention was cited as a critical service to provide. Further, respondents specified that substance abuse is characterized by relapse. They further noted that adolescent residential treatment is a glaring need in the region.

d. Should people without insurance have access to the same substance abuse services?

Respondents stated that people without insurance should have access to the same substance abuse services.

e. Who, if anyone, should be responsible for providing these services?

Responsibility should be held by the entire community.

f. What roles should various groups play in addressing substance abuse issues?

The specific roles to adopt in addressing substance abuse issues is whatever is appropriate for the specific group. In schools, prevention and early identification is appropriate. The community should also be involved in early identification and prevention. Participants also suggested the need to organize a group for advocacy services; this group would represent families and recovery issues. However, anonymity is viewed as an impediment to being heard by family and those with substance abuse issues. Thus, professionals have a special obligation to speak out on their behalf.

Participants also noted that various groups need to understand what others' roles are and to make referrals to the appropriate place. They cited their belief that services would be more effective if treatment were joined with corrections so that those in the correction facilities would receive the proper and necessary services.

Finally, in addressing substance abuse issues, a consistent message should be communicated clearly with the public so that there is a clear understanding that the local service providers, whether involved directly or indirectly with substance abuse issues, have the capability of providing the necessary services. This was based on the fact that these service providers are good at what they are doing.

Strength of Response

Strong

2. Research shows that most substance abusers begin using alcohol or drugs early in life.

a. Whose responsibility is it to teach and counsel children?

Participants noted that the responsibility for teaching and counseling children

belongs to everyone in the community. While parents are carrying much of the responsibility, schools, religious institutions, law enforcement, and other community agencies should be involved. Specific roles include formal prevention programs as well as informal strategies. This is particularly important when parents are not able or skilled in teaching and counseling the children. Roles to be held by the community, as specified by the group, include teaching, counseling, and serving as role models.

b. What is the best way to prevent substance abuse by our children?

The group indicated that the best way to deal with substance abuse is with education as a whole. In addition, there should be assistance for parents through treatment services; that is when parents need treatment because they have their own problems and interventions are appropriate. Another way to prevent substance abuse is to provide alternatives to demonstrate to youth where they can shine, as well as get high on life. It is important to demonstrate ways that they can connect and belong with others.

One of the concerns from out of the group is the shame and denial held by parents about their children who are using. Thus, in education of parents, to talk about substance abuse issues is an important strategy. Thus, one of the major ways of dealing with the children is to deal with the parents and to make it acceptable for them to deal with their children on this issue. Another strategy that can be used is to promote zero tolerance by youth with their peers. Further, they can provide positive peer messages and positive peer connections to get a clear message across that drugs and alcohol are not to be tolerated. Group members also suggested skill building on issues such as anger, stress management, and parenting.

c. Should all children receive substance abuse prevention or should these services be targeted to high-risk children?

Participants believed that all children should receive primary prevention messages. However, the messages received by high-risk children should be more intense as this is actually secondary prevention services.

d. How do we (community, agencies/organizations) best get messages to children?

The best way to get messages to children is to use strategies which are used by the youth. It is important to be where they are. Specific approaches include MTV, movies, and web sites. Overall, it is important to communicate with them and directly express an interest in them. Participants believe that media is the key to communicating the appropriate messages. In addition, this must be done at their level and be tied into their different grades in school. Thus, it is important to go where they are and where like to be.

e. What messages do you think they are hearing?

Messages that they are hearing include that drinking is fine, it's okay to do pot, everyone is doing it, I'm the only one who is not using, and it is cool to do just about anything. In addition, the messages communicated by the D.A.R.E. program suggested that they are not being re-enforced at the middle or high school level. Young people believe that substances are a way of coping with their pain; what they see in movies or music is that if someone is upset, they go straight to the bar or pick up a cigarette. They are also hearing that their parents do not really care and that they are a burden to them. Another message is that if you nark on your friends, you will lose out. Thus, usually they cannot talk with their parents about substance abuse issues.

f. What resources should we be devoting to prevention? Intervention? Treatment?

Respondents indicated that there needs to be some research done to determine how prevalent problems are among different groups of people and that the resources allocated should be based on the proportion of people in each of the categories which represent the level of individual problem. The highest amount should go to prevention since treatment is more costly. Ultimately, participants believe that a formula that works should be developed. While they don't know what the formula should be, they believe that providing prevention to the largest number of people, with intervention to the middle number, and treatment to the lowest number should be guiding this formula.

Strength of Response

Strong

3. In our community insurance coverage for inpatient and residential treatment for substance abuse has declined so dramatically that correctional facilities are considered by many to be the best source of this type of treatment.

a. What does this say about a community's view of substance abuse and substance abusers?

Respondents indicated that this suggests that substance abuse and substance abusers are criminals. This gets translated to being a moral issue with a lot of stigmatizing attached to substance abuse. It also suggests that there is a skewed system of care. Respondents suggested that therefore a strong voice is needed to change this. The substance abuse problem and the reduction of substance abuse services both need to be documented.

b. What should we (community, agencies/organizations) be doing in our community to treat people with substance abuse problems?

It is important to have continuous care available to everybody. Further, this must be managed effectively, primarily through careful case management.

Participants also suggested that there be an increase in treatment services to those in correctional facilities. Judges have an important role to play by ordering individuals into treatment. The use of drug courts is another way of addressing this issue. Finally, it is important to use people in the community as assistants in helping persons who have been in treatment to re-enter into the community, whether this is in the school or work setting. Having a substance abuse specialist serving as a contact person for each school that deals with only these substance abuse issues would be helpful.

Strength of Response

Strong

4. Every year many infants are born affected by alcohol or drugs because their mothers abused these substances while they were pregnant.

a. How should we (community, agency/organizations) address this issue in our community?

The respondents indicated that the best way to deal with this is through early recognition. The general approach would be to find out how to make liability of a drug- or alcohol-affected infant a non-issue. An aim is to ensure that parents are more concerned with the child's welfare than with potential legal repercussions, such as protective custody or mandated treatment. Overall a more prevention-oriented approach should be accommodated through the Department of Social Services (DSS). This would help identify people with substance abuse issues as well as individuals who are pregnant to address the important concerns of substance abuse and pregnancy. To accomplish this, more widespread and universal screening of mothers should be implemented. Currently, Project LINK is implemented to assist with this process through a holistic approach. The focus group participants indicated that the DSS should push to get courts involved in this early recognition process. In addition, social services caseworkers should be encouraged to understand addiction. Treatment for mothers and children through special programming should also be addressed.

b. Under what circumstances should a community intervene on behalf of the unborn child?

The community should intervene on behalf of unborn children as early as possible. Overall, the participants believe that it should be made safer for women to do this. This can be done through a significant amount of public education and outreach and with mandated treatment as a last resort. Participants indicated that there are limitations regarding what a community can do. What should be done should be within a context of preserving an individual's rights through use of incentive programs and less punitive approaches.

c. How should a community intervene in these situations?

Ultimately the community should intervene in a persuasive manner, and if this is not successful, then use the force of law.

Strength of Response

Moderate

5. Women with children often have an additional challenge in getting help with substance abuse problems--care for the children.

a. What substance abuse services should be available to women with children?

The services available for women with children should be the same as services that all women receive. However, the special issues involved with having a child should be incorporated in this process because of the fact that they do have a child and unique issues in that regard. One aspect of this cited by participants is that provisions for the children should be made since it appears that a primary reason women leave treatment is due to the non-care of their children.

b. What is our responsibility to the children while the mother is being treated?

While the mother is being treated, participants believed that it would be helpful to have the children accompany the mother whether in the assessment, prevention or treatment processes. This may be helpful for any treatment that the children need and to evaluate them for any issues that could cause them problems. It may also be helpful in working on the relationship between the parent and the children, thus increasing their bonding. The importance of addressing children is because of the risk that they have for their own substance abuse issues later in life. However, due to limited funding and services, it is not viewed as cost-effective to treat the children.

Participants stated that insurance companies only want to treat on a medical model and that is not a systems model with sufficient medical need for services. This perception of the lack of cost-effectiveness regarding children is detrimental to the children's future. One potential strategy to deal with the children is to offer a child or adolescent group; however, it does not look like there is enough volume to support this. Further, family therapy is not supported through insurance coverage. Participants viewed this as shortsighted since it is important to treat the entire family system in order to address the disease associated with substance abuse.

Strength of Response

Moderate

6. **Evidence shows that many motor vehicle crashes that involve alcohol are caused by repeat offenders.**
- a. **What should we (community, agencies/organizations) be doing to address this issue?**
 - b. **How do we (community, agencies/organizations) prevent driving under the influence?**
 - c. **How do we (community, agencies/organizations) prevent repeat offenses?**

Participants believe that the community should address this issue by making the consequences much more serious. They suggested that taking licenses alone is not sufficient to help deal with the issue. Longer jail time may be helpful in raising the bar in addressing this issue. By raising the bar, it makes the consequences so serious that people really think about it. Spending some time in prison may be likely to have some impact. There also needs to be closer links among probation officers, police, and treatment personnel.

Minimum sanctions would be a strategy to deal with this. Considerations for different offenses would include education, loss of license, evaluation, jail time, consequences for non-compliance, and no sliding fee scale. Treatment would be a necessary part of the minimum sanctions at each level. Thus, for the first offense, some of the specified sanctions would be incorporated. Minimum sanctions would be increased for the second offense and further increased for the third offense. It is also important to have increased court watching by MADD to monitor that the minimum sanctions are implemented. Ultimately, it is important to make drinking and driving totally unacceptable in the community. There also needs to be a system so that the public knows how to report incidents of driving under the influence. A related issue is to improve public transportation. With the issue of minimum sanctions, there should be counseling and treatment while a person is in jail. In addition, there may be minimum jail time (such as 30 days of jail) as well as treatment occurring following one's jail term. Further, there should be probation as well as follow up after serving a jail sentence.

Strength of Response

Very Strong

7. **Substance abuse among the elderly population is especially challenging because of denial of the abuse and the isolation that many elderly face.**
- a. **What services should be available for the elderly?**
 - b. **How do we (community, agencies/organizations) make sure that they have access to these services?**

c. How do we prevent (community) the social isolation that often leads to substance abuse in this population?

The services that should be available for the elderly include a lot of outreach. This should be done at senior centers, at retirement communities, and through home visitation. It is important to recognize their culture of upbringing that “we don’t talk about this” and to accept their reluctance to talk with a case worker about issues such as substance abuse problems. A related important strategy is to engage family members in the process of talking with the elderly about their substance abuse concerns. It is important to educate them about their role and about potential ways that they can intervene with elderly individuals, particularly those who are family members. However, this is difficult because they are often protective of them, they are afraid of losing a comfortable relationship, and they are afraid of losing money (i.e., through changes in a family will). Overall, there is limited success on treatment with the elderly, and there is also depression found with elderly. Thus, it is further important to educate the medical profession and engage the medical community because elderly people will listen to their doctor. It is important to have them prepared to participate in this type of helpful relationship.

In another realm, it is helpful overall to address the quality of life they have with their life which is often a sense of social isolation. Within a retirement community, a speaker may be used to provide information about substance abuse, both for those who are living there as well as others. The churches can also play an important role throughout the process with the elderly and their family members through advocacy, education, and pastoral counseling.

Strength of Response

Moderate

8. Halfway houses were once a popular way to provide residential treatment for substance abuse. They are no longer widely accepted or used in our community

- a. Are halfway houses an acceptable way of providing substance abuse treatment?**
- b. Should halfway houses be established in our community?**
- c. What other residential treatment options should be available?**
- d. How would you feel if there was a proposal to build a halfway house in your neighborhood?**

Halfway houses are viewed as having a place in the continued services for those involved with substance abuse. Many clients do not have a place to go back to and halfway houses do provide a needed service. However, a whole range of

residential treatment options should be available, including detox facilities, therapeutic communities, short-term residential services, long-term residential services, dual diagnosis services and adolescent services.

In response to the question about building a halfway house in the neighborhood, this was accepted by participants, depending on the community foundation. They believed that if it was supervised well and implemented well, it would be okay. However, there was a concern about having a halfway house with sex offenders living there in their own neighborhood.

Strength of Response

Moderate

Professional/Special Interest Group: Vulnerabilities and Disparities, May 6, 1999

Group Level Information

Bias: The group was composed of persons from a variety of social service settings (private and public), including one private therapist.

Effort/Involvement: The group was very engaged in the process and all participated.

Demographics: Gender=7F, 1M
Age range=31-58
Race=6WH, 1H, 1O
Income=1(50-59000), 1(60-69000), 3(70-79000), 1(90-99000), 1(100-125000), 1(>125000)
7 insured, 1 not insured

Size: 8

Facilitator: Gayle Hamilton

Question Level Information

- 1. Healthy People 2010 has adopted two broad goals for the nation's health: increase the quality and years of healthy life and eliminate health disparities. These goals recognize that individual members of a community may be at risk because of their own particular situations (poverty) and that members of groups within the community may be at risk because of their membership in that group (race, gender).**
 - a. Under what circumstances should people be eligible for special programs?**

A lot of programs already have eligibility build into them because they are ordered to by the government. Everyone in the group admitted that eligibility was already built into their programs.
 - b. How do we (community, agencies/organizations) determine who should be eligible? and,**
 - c. How do we (community, agencies/organizations) identify classifications for people in order to determine population needs?**

Even though there are standards, there are cracks in the system and there are

people that don't qualify that perhaps should qualify. Also, there is an issue beyond eligibility. Sometimes people are eligible for services, but the service is full. Below are some of the special concerns of the group about eligibility.

Those that are without resources reside on Social Security. Those that are immigrants aren't eligible for Social Security; so they are transient, living from place to place. Even though they and their relatives are not qualified for services, they do get sick and we do take care of them. Even those that don't come forward for services are bringing in TB and hepatitis A, B, and C. They are creating epidemics in our own population because they are not here legally. Some of those who have SSI (the safety net administered by social security) are not contributing to society and they are automatically getting Medicaid.

There are inequities in the standards. For example, people can qualify for SSI and, even though they have never worked under the system, they are eligible for \$500 a month; someone else who has worked under the system and only makes \$400 cannot get Medicaid. There was further discussion about this among the participants, including expressed lack of information and conflicting information on eligibility. The eligibilities are complicated and were hard for some of the participants to understand.

Adult homes for senior citizens are a problem. If a senior citizen has up to \$800/month, they can get a social services grant to an adult home; otherwise, you have to have perhaps \$2,000 per month in order to be able to afford something and it would be the smallest room available. You have to have a family with money to help support you or else you go to some little mom and pop place that's pretty nasty. There is almost nothing available that people can afford in this area.

Medications are a problem. If you make over \$325 per month, Medicaid won't help you pay for medications. Sometimes peoples' medicines cost \$500/month.

You aren't covered for physical and occupational therapy in case of an accident, though these services could have gotten you back on your feet so that you can contribute again. Nor does the Free Clinic provide these services. So some people become a burden because they are injured and can't walk.

There is no detoxification service any more for drug and alcohol addiction, unless you have \$2,000 to spend on it.

There isn't always good communication between the agencies. One agency, such as the Free Clinic, the Health Department, or the CSB, will agree that a

person needs medication, yet if the person can't afford \$200 for the needed medications, they let them out the door without them. That means that the person comes back to the facility they are in and present themselves as a hazard. With the elderly, it is a special problem because some of them are taking 10 medications.

There are an amazing number of young people that now don't have insurance with the parents. They are going to college and working. Eighty percent of the persons at the Free Clinic are American citizens, born here, most of them young people with HIV/AIDS. And those with AIDS ought to be taken care of somewhere.

Strength of Response

The group expressed a great deal of frustration with the situations described and with the complicated nature of the eligibilities. They were in agreement about the problems with the eligibility system described.

2. a. How should we (community, agencies/organizations) identify special population groups within our community?

They can be identified in a myriad of ways:

By age

By origin

By disability

There are so many groups and subgroups that it is frustrating. In fact, the real problem is that the numbers of groups is overwhelming. You tend to be an advocate for the group that you are working with. The group couldn't suggest which way of categorizing would be the best.

b. How can we (community, agencies/organizations) determine which groups need the most immediate attention?

Everybody is important, but the group that gets the attention is the one that makes the most noise. The group couldn't imagine making the choice. One person indicated that they make these choices every week, on the spot, at the Free Clinic when 300 people show up for only 2 doctors. Dental needs came up again. Choices are made all the time. If you can't reach anyone at 10:00 for an appointment, or if all the appointments are filled for the week, then you have to wait another week for an appointment.

c. To what extent should the community support special needs?

To the extent possible with good communication.

d. How should we (community, agencies/organizations) support those with special needs?

The group commented here that they were clearly in the reactive, rather than

preventive mode. However, they all found it hard to pull away from a crisis because it is so palpable. They also felt that agency communication is important here: sometimes SERVE has space for detoxification services, but other agencies don't know about it. Sometimes the Free Clinics are also underutilized and people don't know about them. The group questioned how you keep current when things keep changing and eligibilities keep changing. Even community resource directories are not usually updated annually, making them quickly out of date.

Participants agreed with each other that online services (a website) would be important so that the resources available could be very current and better referrals could be made. Perhaps the service could include current eligibilities. All agencies should have access to these online services. Perhaps this could be put under the PWC website.

e. Who, if anyone, should be responsible for providing these supports?
There is nobody to choose which is the best person to support; they all need to be supported.

Strength of Response

The group had very strong feelings that it was important to provide support for everyone even though they knew that this was currently impossible. This idea that all people couldn't be served was very frustrating to the group. There was strong, unanimous agreement that the web site containing agency and resource information, to be updated daily, was critical to the adequate provision of services.

3. As the community changes, the special needs of individuals and groups will also change.

a. How should we (community, agencies/organizations) monitor these changes and needs?

The group felt that, if the web site were available, the requests for services, and the changes, could be monitored. Data could also be more easily gathered and the data is important. You can show the need just by how many hits you get on a particular request. Assessments need to be done and statistics need to be gathered that reflect the status and the changes in the communities. For example, the Hispanic community has changed dramatically: they are talking more about prevention now. Without this, you may be putting scarce resources into an area that may not be needed.

b. How will we (community, agencies/organizations) know when we have succeeded in reaching and assisting those with special needs (i.e., when we have eliminated disparities)?

The group felt that they would probably never eliminate the problem; it would show up somewhere else. The problem would change, perhaps, from the Asian

to the Hispanic community.

Strength of Response

The group was in agreement about this issue and was generally at a loss to think that they could ever reach a goal of assisting all of those with special needs.

4. a. To what extent do special population groups have access to quality medical care?

We need to define what we mean by quality care. There may be good services, but no follow-up or no rehabilitation services. In general, these latter services are poor. There are terrible situations where a family has to cart their cripple family member down the stairs and into a van to go to the hospital for an x-ray because there is no ambulance. It takes incredible strength in the family members to manage under these kinds of conditions. It is almost impossible to get help getting to a doctor for someone in a wheelchair.

b. To what extent do special populations have access to support services?

These are the same as the services mentioned above. It is the support services that are lacking. A good example is among the mentally retarded population. There are parents out there who are aging, in their 70's, and getting sicker, but they have to do all of the care for their retarded child or their child who has psychological problems, such as schizophrenia. The in-home components just aren't there. And, if they get in-home care, then often they don't qualify for other things that the disabled can get, such as day programming. The stress level is so high that they are sometimes non-functional themselves.

Quality day care centers are also needed and are not available.

There are young single parents with no support system. In the Healthy Family/ Early Head Start program, the caseload is full. There aren't support groups for young mothers. Some 60 referrals may come in within a month. They can't all be seen. The sad thing about this situation is that the PW community is weighted toward the younger population. At this point, the group began brainstorming how they could provide for a counseling program for young mothers: perhaps it could be done through a volunteer service, hooking grandmothers with young mothers. They called it the family-to-family mentoring program. Another person indicated that one already exists but may not be going too well because most people don't want to volunteer. Families with cancer, even if not poverty stricken, need care that they are not getting.

Women between 50 and 65 with heart disease, breast cancer, osteoporosis, etc., have no access to medical care. They are too young for some of the

special programs. Many are dying young and their quality of life is dismal because they have no access to medical care. The aides with the Medicaid Personal Care Program, that go into the home, aren't very valuable because they get paid so little that they are unreliable and don't stay long. The turnover rates are 50%-75% for the care of the elderly and children.

c. How much should the community provide for those with special needs?

The group felt that this question had been answered in an above question, the answer being that the community should provide for those with special needs *to the extent possible with existing resources and improved communication*. Again, PWC should focus on using volunteers, such as early retirees, and perhaps group them under one umbrella. Overall, the disabled are getting more and more disabled over time and the aides that help them are functioning at lower and lower levels.

Strength of Response

The group felt strongly that the needs of the disabled are increasing, that we are seeing more persons with special needs now. They also felt that there was little for them, including past resources, such as nursing homes, that are no longer available, even though, all agreed, that the County is doing a lot for the problem, especially the partnerships between government and the community. The entire group was concerned about meeting special needs, but often hard-pressed to answer questions about how to manage what they consider to be a crisis in care. There was a lot of agreement among members of the group.

5. Many people believe that the changes in society (two parent working families and single parent families) have resulted in a large group of vulnerable youth. This problem may be even worse in our community because of the effects of commuting.

a. What can we (community, agencies/organizations) do to minimize the impact of commuting on families?

People commute in PWC because the salaries are so low in the area. The jobs in the area are mainly low-end service jobs or in construction. Also, it would help enormously if employers allowed parents to work at home.

b. How can we (community, agencies/organizations) create a sense of community to combat this societal change?

There is no sense of village here. PWC doesn't have a lot to keep kids occupied. School is out too early; and we need smaller schools that are closer to home. Families need a lot of money for their kids to play sports; and, troubled kids wouldn't be caught dead in a Boy Scouts program. Parks are locked, and there is no public transportation. There is no nightlife. There are no good bars that aren't dives. People are afraid to speak to one another. The community was

built, in fact, not to be a community; sections of the community don't connect very well. A story was cited of an elderly man who moved here for health reasons from New York. He feels that he is in a box: doesn't have a store on the corner to get a paper and talk to people along the way. People aren't on the streets. He doesn't want to go to the Senior Center because they want to get involved in your business.

c. Who, if anyone, should be responsible for the actions of our young people?

The participants started the discussion focusing on the responsibility of the schools and gradually moved to a broader theme of responsibility by the entire community, whether parents or not. There should be more supervised time. School and work schedules are not coordinated. Either students could start school later or work start earlier. Parents are also too busy commuting.

d. How should we (community) deal with young people in trouble? (punishment, treatment)

We (the community) should create something for the kids to do: through activities that are "cool"; or, through partnerships between church and school. Some in the room, however, indicated that the separation of Church and State would not allow this. Another suggestion was to tap into the innate goodness of youth by getting them involved in volunteer hours. Service builds character. It should be a requirement for graduation. Parks and Recreation should be more accessible: the sports fields are usually locked up except when they have a game. There is essentially no place to play. One of the problems in providing activities is that transportation is a problem. For some reason, the buses are not being used and some in the room felt this was a waste of resources. Schools could organize these after school activities except that, again, there would be transportation problems, and, in a previous experience with this, the school bailed out because they just didn't want their school used for anything other than school.

These community activities would be far more helpful to parents than support groups. When you come home at night from work, you don't want to go back out again to a support group to share your frustrations. Having something there for the kids is the real issue.

The sum of what the group was trying to say is that the activities that would help with the youth are also the activities that would build a village or a greater sense of community.

e. To what extent should the community be involved in prevention or early intervention of youth problems?

This is determined by the laws: that you cannot step in and do something that the parent doesn't want you to do. This is also true for Child Protective

Services. You can't make somebody go into a nursing home, go into therapy, or take medication.

f. At what point should the community intervene?

This wasn't addressed specifically but the spirit of the group was that the community does need to intervene and it needs to be early in the life of the family.

Strength of Response

There was strong agreement among group members about the lack of community in PWC and the need for trying to create a community. Building community was considered interwoven with the concept of trying to provide supervision and care for youth. There was agreement and passion about this issue.

6. The elderly are often looked upon as a vulnerable group.

a. To what extent should the community be responsible for providing assistance to the elderly?

The group felt that they had really addressed this question earlier. The community, the family, and the support groups to the family are taking care of the elderly. And, they do have more than some of the other populations.

b. What services should be provided?

Services should include:

- Longer hours in day care (12 hours, for those who are driving to D.C.).
- More transportation; otherwise, a nursing home is needed.
- More and affordable assisted living so that the elderly can be independent as long as possible.
- Money for those who don't have Medicaid or HMO's.
- Money for medications.
- Care for substance abuse.
- More and better-trained aides.
- More nursing home beds and better-trained aides.
- Better salaries for aides (\$5.00 at NOVA). You can ruin your back, empty bedpans, and wipe butts for \$5/hour or you can flip burgers for \$7/hour.
- Training money for becoming an aide: for transportation to get to NOVA, for the tuition, for the books.
- If under age 60, can't get Meals on Wheels (AIDS) - chronic illness. You can only get this service also if you live alone. They just turned down a couple in which the husband has cancer and the wife has emphysema.
- A kitchen. There are no kitchens in PW.

c. Who, if anyone, should provide them?

The answer to this question was not on the transcript; it was a section that could not be heard.

d. Who, if anyone, should pay for the specialized services needed to reach this population?

Look for corporate sponsorship. Group members agreed that there are more people needing these same kinds of services who are ages 43 - 60: they have AIDS, MS, strokes, etc. They are definitely younger now. These diseases seem to have increased, such as MS and lupus.

Strength of Response

The group felt strongly about the fact that the same needs are emerging for a younger population because of the increase in chronic diseases. Members had agreement about the issues.

7. Many persons with chronic mental illness or other mental disorders may not be able to live independently. The law states that group homes may be located in any neighborhood.

a. Where should group homes or supervised apartments be located?

In any neighborhood.

b. How would you feel if a group home moved into your neighborhood?

All agreed that it wouldn't be a problem in their neighborhood.

c. Who should decide where these homes are located?

The residents of the community. However, the general community needs to be educated about the issues. You have to do a lot of work in the community, however. You have to work with them and have to go door-to-door, speaking to everybody, inviting them over so that they could be educated. There is usually a groundswell of opposition at the beginning; with work in the community, this can be dissipated with time.

d. How should these residential arrangements be funded?

Ideas suggested include:

- , More funds from Kellogg.
- , Raise the real estate tax \$2.00 per home.
- , The Federal government should re-examine how it allocates money. If group homes were available, the situation would be much improved.
- , Put more focus on prevention.
- , Hire a grant person for the community, someone that could develop proposals for private funding. Wal-Mart and K-mart both have small pots of money.

Strength of Response

The group members were in agreement about the issues; however, this question didn't

arouse the same level of passion as some other questions.

Professional/Special Interest Group: Chronic Diseases, May 25, 1999

Group Level Information

Bias: The participants were members of the health care community, including the Free Clinics.

Effort/Involvement: They were very involved in the issues and very concerned for the future of PWC.

Demographics: Gender=7F, 2M
Age range=40-62
Race=9WH
Income=1(60-69000), 1(70-79000), 2(80-89000), 2(90-99000), 1(100-125000), 2(>125000); 8 insured, 1 unknown

Size: 9

Facilitator: Gayle Hamilton

Question Level Information

- 1. Because different communities have different populations, chronic disease needs are different.**
 - a. What are the most significant needs for our community?**

Respondents indicated that chronic problems are sufficient that the existing clinics are getting pulled away from prevention and acute care, into care for chronic diseases, particularly among the poor. In fact, in a recent statewide assessment, in Manassas Park the incidents of cardiovascular disease and diabetes per population are amongst the highest in the state. An additional need for long-term or chronic care is with the elderly. There is little support for them, e.g., no in-home services for persons with Alzheimer's, few caregivers, and few families that can care of them. It should be a priority to focus on those diseases that cause dementia. Demographics tell us that in 25 years, with the baby boomers hitting old age, we will be hit hard in this area. In 25 years, 48 of the states will have 50% of the population that is elderly. Among minority groups, there is more diabetes and cardiovascular illness. Immigrants from Central and South America have had no health care and arrive here with illnesses such as advanced cervical cancer. And it doesn't seem to be slowing

down. The community is so needy for so many things.

One participant works with a wellness program for the Area Agency on Aging and sees diabetes, hypertension, arthritis, and depression as the "biggies". They have a 7-week class given 3 times per year on how to live a healthy life despite a chronic disease. There is also an individual program. People pay \$4 to \$8 per month and can meet with a nurse as many times as they need to in order to work on their diets. But, they seem to prefer taking a pill to changing their lifestyles.

b. Should we (providers, agencies/organizations) be focusing more attention on prevention, screening and early detection, or treatment and control?

Prince William County is a relatively young community with a great opportunity to do prevention screening and early detection to prevent chronic diseases such as cardiovascular diseases and hypertension. People are young enough to make lifestyle changes. We have the third largest school system in the State and the school age population is fertile ground for prevention. Current lifestyles of the young don't lend themselves to prevention of chronic diseases: two people are working in every family and eating out constantly. The baby boomers are headed toward chronic diseases.

Screenings are being done at the Free Clinic but that is usually too late for the skin, prostate, colon and stomach cancer that is so prevalent in the Hispanic community. We aren't getting to them in a preventive way. There are far too many needs out there for the Free Clinic to handle. It is also being used, not by the poorest people, but by the uninsured. It is being used like an emergency room.

For prevention, we need to get the word out:

- 1) Go to Giant and tack information on the wall.
- 2) Provide the services at the grocery store or somewhere that will reach the low-income populations, such as at the Salvation Army or Goodwill, or churches. The Faith community can be particularly helpful for those people who are afraid of white uniforms and of treatment.
- 3) Provide the information and education at times convenient for them rather than for the professionals.
- 4) Train young people to be accountable for their health care; grab them earlier.

A participant described a college program her daughter was involved in for extra credit -- a health program for overweight children. It was free and included

exercise and nutrition. A similar program was described that exists at Potomac Hospital, a wellness program with ninth graders. All ninth graders get a thorough health screening, including body fat; they then go over the results with a nutritionist. The results are good: the kids are exercising more, have lost some weight and have changed some habits.

c. Who, if anyone, should be responsible for making these services available?

Who should pay for these services? At the moment, they are being paid for by small church grants and the Agency on Aging. However, many for-profit agencies would provide money if their names could go up in gold letters. Businesses need write-offs; they need to do charity work. There is a lot of money in this county that goes untapped.

These activities should be coordinated by a central agency. But, it should be a new agency, created for this purpose, and it should be independent of other agencies. It should not be age-related: we should address the people from pre- and post-partum, right up to the elders.

Strength of Response

The group had a lot of investment in this question and a lot of agreement on the issues.

2. Early detection and treatment of chronic diseases can reduce their severity.

- a. What services/screenings could (health care providers, agencies/organizations) offer to reduce the impact of chronic disease in Prince William?**
- b. To what extent should these services be available to those who cannot pay?**
- c. Who, if anyone, should be responsible for making sure that these services are available?**

The group felt that the only part of this question unanswered is "b", the extent to which the services should be available to those who cannot pay. There are a lot of free screenings in the community, but there is poor follow-up on the screenings. There are also people who decline treatment even though they know what is wrong with them. Transportation is an issue for some people. In some other countries, and in New England, a system is in place whereby people are rewarded, for example with food, for coming in for follow-up visits. Right now we also have a group of persons who are poor but not poor enough for the Free Clinic; there is a big hole in care for them. The insurance companies aren't paying anymore; physicians are getting paid very little for their work.

There is a cancer-screening program at the Health Department, but the group that comes there has a little higher income than the Free Clinic. They are working people but just don't have insurance and can't afford \$100 to have their annual screening. Insurance companies are also "getting sticky" about paying for medications. The medications sometimes cost several hundred dollars per month. That is difficult even for those with a respectable income.

The point of this is that there already exists a new level of care, between the poor and the middle class. The people are there but the care isn't. These are the working poor. The aging population is a special problem as well because Medicare does not pay for medication. Medicaid pays for medications for the very poor, but these middle people and elderly can't afford them. Basically, we are finding that people are trying to see how far they can stretch without purchasing their medication (e.g., those with high blood pressure). These populations are also experimenting with supplements now because it is so much cheaper -- but potentially dangerous.

Another concern for the elderly is that they don't know how to fight for their rights with insurance companies. They just pay the bill. There is an Agency on Aging that has a Medicare specialist that will answer questions like that, but people don't know about it. This is advertised twice per year at the library and should be advertised in the faith community. They are blocked out of the phone system because, when they call up, they get "press one, press two, etc.". They can't handle it and hang up. However, working with the insurance companies is hard even for those with resources -- you can haggle over bills for years!

The group was asked at this point whether or not they were saying that the County ought to make health care available for everyone regardless of the ability to pay. The response was: there just isn't the funding for it, period.

Strength of Response

The group was invested in these issues, but felt very impotent about solutions to such complexity.

- 3. People with chronic diseases face many obstacles (access to care, getting prescriptions, housing, lack of income, insurance problems, not knowing where to get help, etc) that may limit their ability to live life to the fullest.**
 - a. To what degree should a community attempt to intervene in quality of life issues?**
 - b. Who, if anyone, should be responsible for intervening?**
 - c. How should we (the community) intervene?**
 - d. Which of these problems should be the top priority?**

One person suggested that the community is probably only as strong as its weakest links and that the health of everybody impacts everyone else ultimately. Even the unpaid visits to the emergency room and hospitals drive up insurance premiums. So we end up paying for it one way or the other. Therefore, we probably do have a responsibility, although we are not policemen of lifestyle issues. Some dilemmas expressed were:

- a. Entitlement: should they get the cadillac treatment or have their basic needs met?
- b. Ethical issues: how supportive should we be for the alcoholic that chooses to live his or her life in and out of hospitals for twenty years, or for someone with emphysema who won't quit smoking?
- c. What about the person who is simply always going to be stuck in a low-paying job and can't afford health care? They may be living good, clean lives.
- d. Intervention: It's a pretty strong word -- a strong-arm tactic. However, there are other methods, such as distributing education, advocacy of rights. But, people don't take advantage of it. The wellness offerings at the Senior Center are not well attended.
- e. How to let people know of wellness and other services?
 1. At place where everyone has to go, such as County taxes.
 2. DMV
 3. Where they get food stamps
 4. Have information in multiple languages, including Asian languages
 5. Examine where the events are held: have them at Toys R Us, at shopping centers, churches (where the languages are the same).
 6. Give out information (brochures) at schools -- have children take home to parents.
 7. Link with the existing leaders in the Hispanic community for distribution and sister organizations affiliated with Churches. Invite them to a meeting and see if they will buy in;
 8. Link with the parish nurse in Prince William.

Strength of Response

There was group agreement on the complexity of the issues. Basically, they had no real conclusions except to say that there were many wellness activities in the community that were not being well attended. The group then brainstormed ways to make them better attended.

4. **Chronic diseases have many causes. Some of these can be prevented with education and intervention.**
 - a. **Are we (community, providers, agencies/organizations) doing enough in our community to prevent chronic diseases?**

- b. **What else should we (community, providers, agencies/organizations) be doing? With whom?**
- c. **Who, if anyone, should be responsible for providing prevention services?**
- d. **What causes of chronic disease should we (community, providers, agencies/organizations) attempt to intervene in?**
- e. **Are there disease-causing substances or circumstances in our community that are over-regulated? Under-regulated?**

The group felt that it had already discussed many parts of this question, so they moved right into "e". However, the group didn't really understand the question enough to answer it.

Strength of Response

The group was in agreement that they could not understand "e".

- 5. **Most of us know someone with a chronic disease who would be doing better if they received services earlier in the course of their disease.**
 - a. **If you know of such a person, what condition do they suffer from and what services would have helped them?**

Case: someone with Lou Gehrig's disease whose doctor wouldn't provide him with a ventilator because it would only prolong his life. That is quite a moral dilemma. Many cases, unknown persons: services only become available once the disabled person qualifies for disability benefits. At that point, they are out of the work force and not being productive; perhaps that could have been prevented. In order to prevent this situation, you have to "game the system". There are a lot of people who don't "fit the mold" (e.g., Alzheimer's) and so can't get services. The services are there; they just don't qualify.

Chronic diseases among the young are rarely considered, particularly asthma. There are thousands of school children in PWC now that have asthma. There are groups that are now trying to obtain data on the number of emergency room visits that these children make. Other problems include cystic fibrosis, congenital heart problems, epilepsy, diabetes, cancer, and sickle cell anemia. HIV has had funding (through Ryan White). Diabetes and cancer are the two major diseases.

- b. **Who, if anyone, should be responsible for providing these services?**
- c. **What gaps in services have worsened in the last five years?**
 - 1. The gaps are going to increase for the uninsured and underinsured because the cost of health care is going up and fewer employers are going to insure their employees.
 - 2. Housing for people who need assisted living and don't need a

nursing home. Assisted living is three to four thousand per month (such as those with Alzheimer's and for people not well enough to leave the hospital).

3. Access to medication.

d. Which gaps in services have improved in the last five years?

1. There are a lot more programs available: the Area Agency on Aging; wellness programs.

2. Diabetics are getting more services. Almost every diabetic in the hospital sees a diabetic designator before they go home. We therefore don't see so many people with missing legs as we did 20 years ago. Even though the care is better, however, we are seeing more diabetics than in previous years.

Strength of Response

There was a lack of contradiction on these issues. That is, many participants were expressing their opinions and the general tenor of the group was one of agreement.

6. People with disabilities often suffer from other conditions such as bedsores, urinary tract infections, and respiratory infections. Because these illnesses are problems that are related to their disability they are called secondary conditions.

a. Are we (community, providers, agencies/organizations) doing enough to prevent secondary conditions?

This is related to who the caregiver is. Sometimes it is a person with Alzheimer's who is caring for the one lying in bed (very unsafe); sometimes the elderly in the home are the caregivers; home health nurses only come once per week, which is insufficient if the caregiver at home doesn't know to turn the patient. When these kinds of conditions exist, Adult Protective Services can't respond because they are overworked. Often, people are willing to live at home in these unsafe conditions rather than go into a nursing home (because assisted living is not available).

There has been a big pulling back of two major players from Prince William county: The American Cancer Society and the American Heart Association. They have downsized and thus reduced a lot of services.

There is an 800 number to call for glaucoma. If people call in December they can get linked up with an eye doctor. There is funding from the Lions Club and from the Eye Bank. People tend to get treated for this problem because they want to be able to drive.

b. Who, if anyone, should be responsible for making sure that secondary conditions are detected and treated early in their course

- regardless of a person's ability to pay?
- c. **How do we (providers, agencies/organizations) make sure that persons with disabilities have access to medical services?**
 - d. **How much should we (providers, agencies/organizations) intervene in the quality of life issues that people with disabilities face?**

The group felt that these questions were very redundant and had already been answered.

Strength of Response

There wasn't a huge investment in this question, though the group had mentioned the problem with caregivers several times.

Professional/Special Interest Group: Health Systems, May 26, 1999

Group Level Information

Bias: The discussion seemed to be dominated, at times, by specific individuals.

Effort/Involvement: There was a fair involvement by most respondents.

Demographics: Gender=2F, 6M
Age range=41-67
Race=7WH
Income=1(60-69000), 1(80-89000), 1(100-125000), 5(>125000)
All insured

Size: 8

Facilitator: Amr Abdalla
NOTE: The transcription of the tape did not cover the entire session.

Question Level Information

What about Prince William makes it a healthy place to live? What about Prince William makes it a less healthy place to live?

Respondents mentioned several issues that make Prince William a healthy place to live. These were: a young population, economic growth, no polluting industry, and good education.

On the negative side, respondents agreed that the long commute and work hours lead to increased stress among parents and even children. Stress seemed to be the dominant concern.

Strength of Response

The responses strongly supported the notion that Prince William is a healthy place to live.

- 1. Prince William Partnerships for Health defines health-related services very broadly in our community. This definition includes programs such as Neighborhood Watch and community policing.**

- a. **What are the responsibilities of health care providers in these types of health-related programs?**
- b. **What is the responsibility of a provider for the health of the community above and beyond the patients that go to the doctor?**

Respondents agreed that health professionals, like all other citizens, should be able to volunteer their time and efforts within such community activities. This responsibility extends beyond the delivery of service to a patient, but also to activities such as neighborhood watch and helping at schools.

Strength of Response

Respondents strongly agreed that health professionals should volunteer time on a variety of community, not only health, issues.

2. What is a hospital's role in community prevention?

First, respondents acknowledged that community prevention covers different community issues beyond the traditional definition of health. Respondents agreed that the hospitals do provide an effective role in community prevention by "using their resources in economic and physical space, and educational ability to help the community." Examples of these activities included providing meeting space for programs on teen violence, newborn, and child development. They also mentioned that hospitals are already providing prevention and educational services beyond the physical location of the hospital. They also emphasized that the two major hospitals in Prince William work in a non-denominational and non-partisan manner.

Strength of Response

Respondents strongly agreed that hospitals have a significant role in community prevention, which they are already doing.

3. As the health care industry changes, and welfare systems are restructured, new ways of providing services are emerging. Community not-for-profit charitable organizations are providing health promotion and prevention services that previously were delivered only by hospitals, health departments, and doctors' offices.

- a. **What should be considered by private organizations and government agencies when deciding whether to deliver these health promotion and prevention services (cost, current availability in the community, effectiveness of intervention)?**

Respondents agreed that there is a level of disorganization in providing these services by different charitable, governmental, and other not-for-profit organizations. Few of them indicated that there is a need to identify if a service

already exists, and how well it is provided, and how much is it needed, before providing it by other agencies.

b. How should these services be integrated with the services being provided by other agencies in the community?

Respondents agreed that different agencies do not communicate effectively with each other. They also agreed that there is a need to have a “structure group like Partnership for Health that actually had a whole structure that could coordinate a lot of these activities.”

4. In some areas the health care industry has begun delivering services, such as contact tracing for infectious disease, that until recently were only provided by health departments. What should be considered by private organizations and government agencies when deciding whether to deliver health protection services?

a. How should these services be integrated with those services being provided by other agencies in the community?

Respondents seemed to vary on this question. One respondent seemed to accept that private agencies could perform the task without a problem. Others were concerned about the ability of these organizations to perform enforcement tasks if needed; others were concerned about their ability to maintain confidentiality in a proper manner.

Strength of Response

Most responses to this question varied. The main agreement was about the need for a unified structure to coordinate activities.

**5. a. To what extent does the health department duplicate services already being provided in the community?
b. Is this duplication appropriate?**

This question raised a debate over what the medical system should provide, and when or should the health department provide similar services at all. Currently, the health department provides some services such as prenatal services and psychiatric treatment to those who cannot afford it. Another concern was raised about publicizing such services and making people aware of their availability via different agencies.

6. To what extent should the health department provide clinical services? (What kinds of clinical services?)(What should the health department do?)

Respondents agreed that the health department should not act as a primary care facility. Their role is either of being a “last resort” when there is no other place to go to, or to provide services such as prenatal care, immunization, family

planning, STD and HIV, and follow up with TB.

Strength of Response

The strongest point was that the health department is a last resort.

7. a. **To what extent do non-profit agencies duplicate services already being provided in the community?**
 b. **Is this duplication appropriate?**

Respondents raised a variety of concerns with such services. They were not mainly concerned about the delivery of services by multiple organizations, but were concerned about whether there is enough information to determine if the services are duplicated unnecessarily. This led to discussing the need to have an umbrella organization to watch for such duplications. This raised a concern about such an umbrella taking away the volunteer spirit that is characteristic of the health care professionals who volunteer in different organizations. However, the umbrella idea was regarded favorably because it could save unnecessary overlap of administrative costs such as executive director positions, phones and space. It also could coordinate the efforts of different organizations to seek grant funding, instead of competing with one another.

- c. **To what extent should these agencies provide clinical services? (What kinds of clinical services?)(What should these agencies do?)**
 d. **To what extent should these agencies provide health promotion services? (What kinds?)(What kinds of health related activities should they be involved in?)**

There was almost an agreement that these agencies should be permitted to provide clinical services and health promotion services as long as they are capable and have the proper credentials.

Strength of Response

Despite disagreements on most aspects of this line of questions, there was a consensus on the need for an umbrella structure to coordinate activities.

8. **Many illnesses and injuries can be prevented completely or at least made less severe with regular visits to health care providers. However, these preventive and primary care services need to be readily available.**
 a. **What preventive services do you think should be available as part of primary care?**
 b. **Should these services be available through public funds for everyone or should the public only pay for services that will save money in the long run?**

Respondents acknowledged that there are primary preventive services that must

be provided such as immunizations. However they were also concerned about other types of prevention services that are necessary for the well being of especially youth and teenagers. Respondents also agreed that hospitals are now doing a good job in providing prevention educational services. Some respondents raised a question about who should pay for these services, the insurance companies or the hospitals.

c. Who, if anyone, should make these services available for everyone?

Respondents indicated that because of the long term savings as a result of such preventive services, the government should provide some of them, as they did with immunization. Other respondents added that, using the same logic of cost saving, insurance companies should pay for such services.

Strength of Response

There was a clear agreement on the need to expand these services.

9. In our community, a greater number of the uninsured poor population has the ability to receive health insurance for their children.

a. Should uninsured families, unable to pay for medical services, be required to apply for public insurance programs before being accepted for “free” care in the health department, free clinic, or emergency rooms?

This question raised some debate about how much services could be provided without having the adults apply for public insurance programs. Some favored providing the service anyway for the sake of the children. Others suggested restricting the service until the application is completed. Respondents also discussed the possibility of getting people to complete the application via other avenues such as DMV.

Strength of Response

This question seemed to cause most disagreement among respondents.

Transcript ended here

Professional/Special Interest Group: Employee Health and Productivity, June 2, 1999

Group Level Information

Bias: One respondent appeared to advance a “less government” political approach.

Effort/Involvement: The four participants were involved almost equally.

Demographics: Gender=4F
Age range=30-56
Race=4WH
Income=3(90-99000), 1(100-125000)
All insured

Size: 4

Facilitator: Amr Abdalla

Question Level Information

What health-related services are provided in the community effectively and efficiently? Which services are not provided effectively and efficiently?

Respondents stated that hospitals are doing a good job in terms of providing wellness-related services, and promoting healthy life styles. They also indicated that the health department and the free clinic offer health services to those with low or limited income.

On the other side, respondents were concerned about issues of child abuse and spouse abuse. They acknowledged that services may exist to address these issues, but that there was not sufficient information or communication to make the public aware of their existence. Other issues that concerned respondents were the health standard at the workplace; they were concerned especially about ventilation and crowded offices.

Strength of Response

Respondents seemed in agreement on what services are provided efficiently, and which are not.

1. Preventable illnesses can have a great impact on workplaces due to

Prince William Partnerships for Health:

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employee absences for personal illness or a child's illness.

- a. What can we (communities, agencies/organizations) do in our community to decrease the impact this has on the workplace?**
- b. Who, if anyone, should be responsible for addressing this issue?**

Respondents indicated that immunization for children and adults, on certain preventable diseases, needs to be emphasized and widely available. They also related the spread of diseases, such as the flu, to the unhealthy conditions in workplaces, such as poor air circulation.

Respondents agreed that the hospital or the physician should be the one who ensures that immunization is in place. As for conditions in the workplace, management was sought to be the responsible for these conditions.

Strength of Response

Respondents agreed that management in workplaces needs to assess and correct conditions that affect health.

- 2. a. What would you, as an employee, do if you thought there was something unsafe in your workplace?**
- b. Do you feel that information about safety issues is easy to get in your place of employment?**
- c. Do you feel that there would be negative consequences if you reported a problem?**

Respondents, depending on their position at their workplace, stated that they would either ask their subordinates to report to them any safety matters, or that they would report such matters to their management. As for the concern about negative consequences from reporting a problem, they stated the need to improve education about safety matters in order to bring everyone up to the same standard and expectations of what is safe and what is unsafe.

Strength of Response

Respondents emphasized the need for educating employees and management about the significance of safety issues.

- 3. The Occupational Safety and Health Administration develops policies to protect workers against many work place hazards.**
 - a. Who, if anyone, should be responsible for educating employers about OSHA policies?**
 - b. How should we (agencies/organizations) monitor compliance with OSHA policies?**
 - c. Should there be a punishment for violations of the policy?**

Respondents stated that management is responsible for educating about OSHA standards. They all agreed that OSHA regulations are usually covered in orientation. Again, based on their place of work and their position, some respondents described how in a hospital they implement a system of safety checking that runs through all management ladders, in addition to a week-long orientation on OSHA safety issues. Respondents agreed that there must be a punishment for those who violate OSHA regulations.

Strength of Response

Respondents emphasized the responsibility of management.

4. **Indoor air quality in the workplace is an issue that has been identified as a concern of today's workforce. The Environmental Protection Agency, National Institute for Occupational Safety and Health, and the Occupational Safety and Health Administration deal with issues that range from infectious diseases to dangerous substances, such as asbestos.**
 - a. **Do you think indoor air quality is a concern within our community? How important is this concern compared to other employee health issues?**
 - b. **How should we (agencies/organizations) deal with this problem in our community?**
(If answer deals with regulation then ask): Who, if anyone, should be responsible for enforcement of these policies?

Respondents agreed that air quality in the workplace is an important health issue. They related the cause of poor air quality to the need to cut costs by placing more employees in smaller spaces.

They stated that management is responsible for improving air quality conditions at the work place. They also agreed that increasing people's awareness about air quality matters and how they may affect their health was the most important course of actions.

Strength of Response

Respondents emphasized, again, the role of management.

5. **Contaminated blood in the workplace is an issue that the Occupational Safety and Health Administration (OSHA) has addressed since 1992 through the development of a standard policy. Before 1992, healthcare institutions dealt with this problem individually through their infection control programs. In spite of these efforts, healthcare workers contracted such things as Hepatitis B while doing their jobs. The OSHA policy**

expands the former guidelines to include many workers that are not employees of healthcare institutions. Therefore, there are numerous individuals in our community who could be included in the OSHA Standard.

- a. Is contaminated blood in the workplace an issue of concern in our community?**
- b. Is it an issue that is important for employees outside of the health care field?**
- c. How can we (community, agencies/organizations) make sure that employees are protected?**
- d. Who, if anyone, should be responsible for ensuring that workers are protected?**

Respondents agreed that contaminated blood in the workplace is an issue of concern both for those in the health field and outside.

Again, respondents emphasized increased education and awareness as the proper strategies for handling blood contamination issues. They also discussed that OSHA should continue to disseminate information over 2 or three times a year, so that people continue to receive refreshed information. They also agreed that training on safety standards and practices should be repeated for employees, and not to be implemented just once when they are first hired. They also stated that there must be a mechanism to ensure that standards are followed.

Respondents also made a distinction between larger organizations such as hospitals and public health organizations, and the public in general. The former receives updated information regularly, but the public hardly receives such information, unless they are involved in some type of program.

They then discussed how to better disseminate information to the public about blood contamination. They suggested the use of media, TV and radio, and also the use of brochures and pamphlets in public places such as grocery stores and the post office.

Strength of Response

Respondents emphasized the need for education and information dissemination.

- 6. Employee childcare is an issue that receives a great deal of media attention in our country. With the increase in single parent households and the increased need for two incomes, employee childcare is increasing.**
 - a. Is this an issue of concern in our community?**
 - b. There are several ways in which childcare can be provided for**

employees: financial support for sending children to certified childcare centers, on-site child care facilities, support for before and after school programs, and support for specialized care for sick children. Which of these methods do you think is most effective?

c. Who, if anyone, should be responsible for providing childcare?

d. How should childcare programs be funded?

Respondents agreed that childcare was an important issue in this community. They all agreed that the variety of childcare services provided by employers, day care centers and private babysitters are all effective. However, as several of the participants worked long and late shifts, they complained about the lack of adequate childcare service to meet their needs. They described how their working hours do not permit an on-site child care facility, and that the cost for private babysitting, and the dilemma of a babysitter's reliability, are all troubling. They concluded that the services provided by employers are not adequate.

They suggested that the county and large employers establish 24-hour childcare centers for citizens. One respondent, supporting that idea stated that "it would certainly make our county more attractive because Prince William out of all of Virginia has the highest number of school aged children." Another respondent cited the benefits of such a system to decreasing unemployment of those who cannot work because they have no adequate care for their children.

In terms of how to fund county childcare projects, they suggested taxes, grants and donations from large industries in the county.

Strength of Response

Respondents were in total agreement on the inadequacy of the current childcare systems. They supported innovative ways to improve these services.

- 7. Motor vehicle crashes are the number one cause of deaths in the workplace nationally. Whether it is a delivery truck driver or an employee on the roads in the course of his duties, our workers are exposed to this hazard. There are training programs in place to educate employees in the safe operation and maintenance of their vehicle.**
- a. How important is this issue in our community compared to other employee health issues?**
 - b. Who, if anyone, should be responsible for providing training courses for employees?**
 - c. Should drivers training courses be mandatory for employees who regularly operate a vehicle for work purposes?**
 - d. How often should employees have to take such a course?**

e. Who, if anyone, should monitor compliance with driver education policies?

Respondents rated the issue to be “right there at the top.” They stated that the companies should be responsible for funding training programs for drivers, and for monitoring compliance with them. They also suggested that drivers who cause more accidents get tested for drugs and alcohol, and receive more ongoing training.

Strength of Response

Respondents were in agreement on the need to provide training and follow-up with drivers, especially those with a bad record of accidents.

8. Ergonomics is a science that studies the effect that a work place has on a worker. This includes studying the work environment, tools, and tasks that a worker is exposed to regularly. The National Institute for Occupational Safety and Health and Occupational Safety and Health Administration have identified ergonomics as an issue that effects the productivity of a worker and the workers overall quality of life. This is true for all types of workers from those who do office work to those that perform manual labor.

- a. How important is this issue in our community?**
- b. How should this issue be addressed in our community?**
- c. What should a plan for addressing ergonomics issues include?**
- d. Who, if anyone, should be responsible for implementing and evaluating the plan?**

Respondents suggested that it is an important issue. One respondent considered it “extremely” important. They agreed that employers are the ones who should conduct these activities periodically, by observing work performance and by simply talking to employees about issues of concern.

Strength of Response

Respondents focused their responses on the role of employers in addressing these matters.

9. Hearing loss caused by noise in the workplace is a problem that occurs in many settings. The Occupational Safety and Health Administration has had a noise standard in place for many years but there are still workers suffering from hearing loss. Today we can identify noise levels that damage hearing, provide protective equipment to the worker, and monitor the worker in the areas of exposure.

- a. Is this an issue of concern in our community?**
- b. How important is it compared to other issues of employee health?**

- c. **How should we (community, agencies/organizations) make sure that employees are protected from this problem?**
- d. **Who, if anyone, should be responsible for ensuring that workers are protected?**

This issue was considered to be important. Respondents who worked in places where their hearing could be affected expressed great concerns about how their hearing loss is handled. They suggested periodical testings and treatment as needed. They requested that OSHA regulations be observed more effectively by employers. That complaints be taken seriously and corrected. That OSHA inspections take place more regularly.

Strength of Response

Those working in a place where their hearing may be affected were seriously concerned about the health effects and how they are treated by employers and insurance companies.

10. What is the most pressing occupational safety and health issue in our community?

The one issue that dominated the responses was mental health. Respondents agreed that in workplaces and at schools, there is a great need to address issues of stress and depression they emphasized that there is a need to “take time out”, or to just simply talk to others. They also encouraged management to interact more with employees, because sometimes they just want to be heard and acknowledged. They also expressed concerns about the safety in schools. They mentioned how counselors and police officers at schools are overwhelmed. They mentioned that in some schools there are also therapists who are getting to work with both teachers and students. They expressed concerns about how serious the safety issue is in schools. As one respondent described the situation in schools:

“I know that community resource officers, police officers that work in schools, have become overwhelmed and the therapists are starting to become overwhelmed. And the therapists have told the police officers that even the teachers are coming in. And some of the kids are going to the police officers and saying “can you walk me to class?” And for us to get to that point, unless we are going to turn our schools into fortress. I mean we cannot imprison the children but we have to make them safe somehow. So mentally right now we need to help out the schools in our community.”

Strength of Response

Respondents were in total agreement that mental health issues are of great concern.

Professional/Special Interest Group: Environmental Health, June 8, 1999

Group Level Information

Bias: There were only two people in the group, one of whom volunteered the information that he was asked to attend as a resource for the group. Both persons were in the environmental health field, one with the Department of Environmental Quality, and the other with an onsite wastewater system. They knew one another well.

Effort/Involvement: The two participants were very involved in the questions and interested in the topic.

Demographics: Gender=2M
All other information is unknown

Size: 2

Facilitator: Gayle Hamilton

Question Level Information

What role, if any, should local government play in assuring a community's health?

- 1. The environment of Prince William is regulated by Federal, State, and Local authorities. Several new regulations such as auto emissions testing and pollution discharge permitting have taken effect recently.**
 - a. What areas of the environment do you see improving?**

Both felt there had been a great deal of improvement in wastewater treatment and in environmental controls on run-off. However, there are still some issues needing to be addressed. A major issue in the area right now is also the management of onsite wastewater recycling systems to make them permanent. We need to follow the EPA, national, and state trends to make sure that we are state-of-the-art in the county. There are complex issues in making them permanent: if they are permanent, then the owner is responsible for them and can't ask the government to bail them out if there is a problem; if they are public sewers, the household is serviced under government control.
 - b. What areas of the environment do you see getting worse?**

Both participants saw traffic, leading to pollution, as a major problem in the area due to the extensive commuting.

c. What can be done to improve our environment?

They felt that there are enough regulatory agencies in place, but that coordination between them could be better. The major agencies are the DEQ, Health, and Public Works. They perceive that there is less turf protection than there used to be.

d. Who, if anyone, should be responsible for doing it?

The participants felt that, as long as the job is getting done, it is really not important who is doing it.

Strength of Response

While there was agreement between the two parties, the issue didn't have a great intensity for them.

2. There are a number of agencies involved in protecting and regulating the environment. A few examples include the Department of Environmental Quality, the Department of Health, Fire and Rescue, and Public Works.

a. Do you believe there are enough safety measures in place to protect the Environment?

The participants felt that the environment is being protected: the water is drinkable; the air quality is okay; and we are better off than those in Europe. The problem comes when someone wants to develop a piece of property and it isn't exactly environmentally safe: he may bring in some hired gun to beat up the Health Department to try to get the permit to build.

b. Is there enough enforcement of environmental regulations?

The parties did not answer this question.

c. Who, if anyone, should be responsible for enforcing environmental policies?

Currently, the Health Department is charged with doing the site evaluations, design, installations, inspection, and enforcement after that. They are being asked to do too much. Perhaps split off some of the functions other than enforcement to other professionals to divide up the difficulty of developing new areas.

d. How should we (community, agencies/organizations) make sure that all of the agencies working on environmental issues are working together?

The group answered this question in Question #1.

e. Do you feel that these safety measures in place to protect the environment have a noticeable impact on your health?

They felt that there must be an impact, but weren't sure just how one would know

the answer to that question, except by comparison with visiting Europe, South America, or Mexico.

Strength of Response

There was general agreement on these issues.

3. There are many things that people do that can have a negative impact on the Environment such as improper fertilizing of lawns, lack of vehicle maintenance, burning of leaves, and littering. Some communities have laws limiting the use of types of gas powered equipment to reduce air pollution.

a. Do you believe that such regulation is necessary to improve the environment?

One participant felt that the burning of leaves was more of a safety issue, but that lawn fertilizing, vehicle maintenance, parking lot runoff, etc. had to be held to a certain standard.

b. What forms of regulation do you favor?

Perhaps the best way to deal with issues like this is through educational outreach programs. In some parts of the country, these programs have had a major impact.

c. Who, if anyone, should be responsible for enforcing these regulations?

There didn't seem to be a particular organization that they felt should be responsible, but there should certainly be someone who is responsible.

d. How should they be enforced?

Through local ordinances, either locally or regionally. For some issues, it is hard to determine what the "area" of enforcement should be. For instance, the watershed issue needs to be at least regional, but air pollution can't be quantified by area. Fertilizing lawns lends itself to watershed management. There is a tax on watershed management in PWC. Managers either address them after they have been created or plan for the impacts in the design. The public is now accepting of the value of enforcement of the ordinances and regulations. This is a chance. In the 70's, enforcement of environmental issues was considered to be a nuisance; now it is an expectation.

Strength of Response

Throughout these questions, the style of response is that each person provides input and the other does not disagree. The parties seem to be in agreement but, unlike other groups, they are not demonstrative about their support of what the other is saying.

4. Prince William is a developing community. The rate and type of

development occurring in our community can result in changes in the environment. As a result, many local regulations, such as buffer areas, preserving streams and natural areas, replanting trees, and constructing storm water facilities, have been enacted to counter these changes and create a balance.

a. **Do you feel these regulations have improved or helped maintain the Environment?**

Yes.

b. **Do you think that these regulations protect the health of our community?**

Yes.

c. **Do these regulations create new problems? If so, what kinds of problems?**

They probably create new problems, but that can't be proven other than the arguments from the person who has to pay the bill.

d. **Who, if anyone, should be responsible for studying the long-term effects of these measures?**

Monitoring the long-term effects isn't happening. The agencies tend to get caught up in enforcing the regulations rather than in trying to figure out if the regulations were correct in the first place. Most of the studies on direct health effects have been about the effect of water on the environment. The Department of Environmental Quality should provide the overview of the long-term effects of our measures. They should have someone look at the data from long-term studies and draw some conclusions. The studies should come down through grants to universities because the studies need to be unbiased. We need flexible policies so that we can change our models as we get more data, and this should be overviewed by DEQ.

Strength of Response

There was strong agreement on this question.

5. **Would you say that the public has enough information about items that may affect the local Environment?**

No. It is available but not distributed to the public except very indirectly.

a. **How do you usually get information about the environment?**

Any agency that touches on any area of the environment has information about the different programs and policies. If you have a telephone and some patience, you could get the information. One could perhaps get it on a web site.

b. **How would you like to get this kind of information?**

There should be a very good, and direct, public education campaign.

c. **How much input should the public have in shaping environmental**

policy?

The public should have as much input as it wants. The public pays the tax dollars that fund the government programs that implement the policies they are asking about. The mechanism for input would be through the comprehensive plan. There is a section on the environment in the comprehensive plan and it is there to guide the Planning Commission, the Board of Supervisors, and what the public has said they want. The group also felt that there should be some avenue for community input that wasn't political in nature -- perhaps the regulatory agencies having forums periodically where they sit down and talk with the public, perhaps as representative organizations.

d. What is the most important environmental issue facing our community?

First, the aesthetics of the community, such as littering and landscapes; secondly, integrating prescriptive regulation and a performance regulation. If the old regulation no longer works, one shouldn't be allowed to do it.

e. Who, if anyone, should be responsible for addressing that issue?

You cannot centralize environmental issues into one agency, and bigger is probably not better. Even universities could become involved in outreaching educationally to the community.

Strength of Response

The two participants were in close agreement again on these issues.

6. A major problem in this area is traffic congestion. This wastes time and effects air quality because of increased auto emissions. There have been a lot of suggestions about ways to address this problem.

a. What do you think should be done to address this problem effectively?

b. Who, if anyone, should be responsible for dealing with the problem?

The problem here has to do with the way our community has been forced to do our residential development. The politicians are responsible for the problem and they need to be responsible for dealing with it. Systematic planning and overview control of the problem is necessary.

Strength of Response

The two participants felt strongly that this is a major problem. However, they felt completely stumped at coming up with any suggestions about how to resolve the problem.

7. Over the past few years an effort has been made to promote and/or require recycling of certain materials such as glass, metals, paper and yard waste.

a. Do you feel these efforts have been effective?

Yes, the efforts have been effective way over the stated goals, at least in Prince William County. However, this is really a "feel good" issue that doesn't work very well, largely because there is no one on the other end of the landfill to recycle the materials into new products. And, in any case, materials can't be recycled indefinitely. So, the materials just get put into a different pile. The economics of recycling are a problem -- it can't be paid for in the short run. You have to get regulations to get new technologies to deal with landfills. There are probably better management practices to have a good effect with better economics.

b. How should recycling be encouraged and increased? (Should recycling be mandatory?)

This is unclear given that these participants feel that recycling really isn't working.

c. Recycling efforts (incentives or penalties) can be directed at individuals, businesses and industry, or public agencies. Who, if anyone, should be the target of recycling efforts?

Currently, all segments of society are being targeted, except that, in our area, we don't have large industries to be targeted.

Strength of Response

Both parties felt strongly that, according to goals established, the program has worked in that most everyone is recycling properly. However, in actuality, little recycling is actually happening on the other end because there are few industries set up to do so.

8. The misuse of antibiotics creates resistance organisms. This can happen in animals and in people. However, when you have an illness you usually want the most modern treatment available regardless of the long-term effects such a drug may have on the community at large.

a. Should we (community, agencies/organizations) have policies to regulate the use of antibiotics?

This should be left up to the doctors. The doctors, however, should take the time to determine whether or not the person really needs antibiotics. But, people want to get well fast rather than waiting it out, so doctors are pressured to give antibiotics.

Perhaps there should be heavy education about the value of waiting out the disease so that one can develop resistance. Another pressure is the effect of so many small children in day care; they get sick; then parents have to stay home from work. This situation just creates an even bigger need for antibiotics.

Another problem with antibiotics is that, when these chemicals are flushed down

the toilet, it affects the downstream wastewater processes that could create pollution plumes, thereby passing something onto the next person.

b. Who, if anyone, should develop these policies?

The academic community, the regulators, and the private associations that are interested. Drug stores could be educating the public, especially about the compatibility of medications.

c. Who, if anyone, should monitor compliance with these policies?

This question was apparently not answered.

Strength of Response

The participants had the feeling that they knew so little about this that they had little to contribute. They did concur, however, that both physicians and the public needed some heavy education about antibiotics.

Professional/Special Interest Group: Food Safety, June 10, 1999

Group Level Information

Bias: The group was made up of two participants, one representing the restaurant industry and one representing the health department.

Effort/Involvement: The two participants were involved almost equally.

Demographics: Gender=2M
Age range=37-49
Race=2WH
Income=1(40-49000), 1(60-69000)
All insured

Size: 2

Facilitator: Amr Abdalla

Question Level Information

Should the quality and effectiveness of medical care and human service programs be monitored by one agency or organization? How? Who?

Respondents did not provide a specific response as to who this organization should be. They agreed that there is a need for one agency to provide oversight for these services in order to ensure consistency of standards. However, concerns were raised about the possibility of getting one organization's political or social agenda to dominate the health system.

Strength of Response

There was a strong agreement about the need for one agency. But concerns about how the organization would function were similarly strong.

1. a. When you think that food has made you (or your family) ill, how do you go about getting help?

Respondents emphasized the need to contact the food establishment where they bought or consumed the food they thought made them ill. This is important because it may alert the food establishment to a problem with their food handling. They also agreed that it was important to inform the Health

Department, which may have a wider view of food handling issues in the community and may take actions to ensure the safety of the public.

There are many parts of the process of getting food into stores, homes, and restaurants. They include food purchasing, processing, distribution, preparation, and finally, consumption. The safety of food in the US is managed under Federal, State, and local programs. Many agencies including the Food and Drug Administration, the US Department of Agriculture, the VA Department of Agriculture and Consumer Services and the VA Department of Health, play a part in setting standards and inspecting for compliance with different phases food process.

b. Does the current system provide enough protection for our community?

For consumers, there has been improvement, especially regarding notifications of suspected food products. Labeling systems also help consumers make better informed decisions. One respondent was concerned that such improvements have not covered seafood items. Respondents also found that regulations regarding food safety also helped businesses, especially smaller companies.

c. How should the government be organized to best provide protection and advice to you?

One respondent found that the current system of communication to and from the federal government, and down to state and local governments is a good system. Another respondent was not sure that the system is able to identify the root of problems, because lines of production expand over different places and even countries. The effectiveness of the system is in informing the public on how to handle and clean food items before consumption.

d. What do you feel would provide the greatest improvement in Food Safety? (increased inspections, tighter standards or penalties for those not complying)

Respondents did not favor the use of penalties. They preferred more random inspections, not increased inspections. They also encouraged improving standards and consumer information.

Strength of Response

Strong agreement was about contacting both the food establishment and the Health Department. Random inspection was favored compared to penalties.

2. Many agencies participate in food safety issues, each with a different area of responsibility.

a. Do you believe this leads to greater protection or creates lack of coverage in certain areas?

Respondents acknowledged that the multiplicity of agencies is preferred,

however they also were concerned about lack of communication regarding who is doing what, and the differences in the standards used by different agencies.

b. Do you believe there is enough inter agency communication and notification of Food Safety incidents or problems?

Respondents appreciated electronic communication of such notifications, especially in large establishments. Yet they were concerned about the communication of such information to the user and to small establishments.

c. To what extent could these problems be addressed by centralizing all inspections and regulations?

Respondents opposed centralization because it would “bog down” the work of different agencies, inspections would become predictable, thus ineffective, in addition to being a highly political issue. Respondents re-stated the need for unifying standards and regulations across agencies and randomize inspection.

Strength of Response

Strong agreement existed regarding multiplicity of agencies, and against centralization of inspections and regulations.

3. Many agencies are responsible for Food Safety. Do you believe that Food Safety inspections should all be performed by a centralized agency for all elements of the Food Industry? (restaurants, food stores, suppliers and growers) Should the inspection agency or agencies be local, state, or federal?

Respondents leaned towards not favoring a centralized agency to conduct all inspections. However they were In favor of standardizing the inspection process and centralizing the information received from inspections. As for the levels of inspection, they favored a variety of federal, state and local inspectors. They emphasized the need for such agencies to know how to work collaboratively.

Strength of Response

Strong agreement existed regarding multiplicity of agencies, and against centralization of inspections. Yet they favored standardizing the inspection process.

4. a. Do you believe that enough information about food safety issues is made available to the public?

Respondents agreed that there is enough information available now, via the Internet and also in other places such as grocery stores.

b. Is this information given to the public soon enough? How could this information be made more readily available?

c. How should the public be notified of possible incidents of food poisoning?

Yes they are given soon enough. Respondents mentioned the use of TV, radio, Internet, and local newspapers to convey messages and information. They also mentioned the work at school on issues relevant to students. They also warned against too much information- “shoving Information down their [the public] throat.”

Strength of Response

Participants agreed strongly that information is well disseminated.

5. a. **Do you feel that food inspections or regulations should include private organizations? (civic clubs or religious institutions)**
 b. **To what extent should they be included in inspections? (limited to functions open to the Public at large such as fund raising dinners or for all functions)**

They agreed that there is no need to conduct regular types of inspection with such organizations. Yet they were aware of the possible risks to the public, and the fatal incidents of food poisoning in church events. Therefore, they suggested some type of oversight to assist them in their food handling procedures, but not standard inspections.

Strength of Response

Participants leaned towards providing oversight but not necessarily regular inspections.

6. **The Department of Agriculture is responsible for food inspections and regulations especially when food crosses state lines. This includes regulations for how food is grown and how cattle, fish and poultry are raised. Do you feel that this is sufficient? Should State or Local agencies have greater control over food items entering or leaving this community?**

Respondents stated that they were not familiar with different states' standards. They suspected that these issues may arise when food is crossing different countries, but not crossing one state to another within the U.S. They also found that the state or federal level could provide research and information to the local level to assist them in dealing with across the state food handling.

Strength of Response

The question appeared irrelevant for food crossing state to state borders, as opposed to country to country borders.

Professional/Special Interest Group: Community versus Autonomy, July 13, 1999

Group Level Information

- Bias:** There were two physicians in the group and a retired, executive director of a non-profit agency. All three persons were former military personnel.
- Effort/Involvement:** The two physicians were very involved; the third person was less involved.
- Demographics:** Gender=1F, 2M
Age range=49-59
Race=3WH
Income=1(50-59000), 1(100-125000), 1(>125000)
All insured
- Size:** 3
- Facilitator:** Gayle Hamilton

Question Level Information

- 1. There are many health issues that involve a choice between an individual's right and a community responsibility. One example of such an issue is immunizations. Policies regarding immunizations have to find a balance between an individual's wishes and community protection.**
 - a. Where do you draw the line between individual choice and community responsibility?**

The group concurred that one could maintain one's freedom in deciding about immunizations, but that the decision carried consequences, such as not being able to attend public school.
 - b. How much should an individual's right to choose be honored in policies?**

They clearly felt that the public needed to be protected from the diseases that a non-immunized person might have. The physician present stated that, in her practice, she referred those who didn't want immunizations to other doctors. This is her civil right.

In summary, the group felt that the person's right to choose should be honored, unless there is harm done to somebody else. There is a horrendous intersection between public policy, community improvement, and science, defined by who is in power! Laws need to protect the minority's voice, but not necessarily their interests. That is, it should be discussed publicly but shouldn't be a democratic vote.

A participant brought up the issue that some people are harmed by immunizations. If this is the case, how can we mandate that someone take this risk? Even the best science available at the time, it is difficult to make an accurate, informed decision about the risks. With freedom, however, people need to be educated about the risks of harm from the immunization as well as the risks of harm without the immunization. The right to choose means the necessity for comprehending. The two physicians felt that we are not doing a good job of educating the public.

Strength of Response

One of the physicians felt very strongly about this issue; the others didn't disagree; there was just less passion. As a group, they did perceive themselves to be unusual in that all were former military, with presumably stronger feelings than non-military about the appropriate responsibility for the community good.

2. Data on certain health problems is needed in order for the public health system to run efficiently and to safeguard the health of the community.

a. What data would you be willing to share for public health needs?

The group felt that a common response, and certainly theirs, would be that one would be willing to share almost any information if the name were not attached to the information and if it served some good purpose. If my name is attached, then it is probably going to have to serve the person in question, rather than the community. They felt, further, that if people are receiving goods from the community, they need to be willing to make some exchange, such as providing public health data.

b. What restrictions would you place on the use of data?

Perhaps there should be some restriction on comparing certification of income against tax records. Even there, however, perhaps the program could provide an answer of "yes" or "no" to the question "is this accurate?" rather than enable one to look at someone's tax records.

c. How much data should they have access to?

It was pointed out that, currently, for \$150 and an Internet connect, you can get almost anyone's medical record, with no protection. But the group felt that the kinds of information, with safeguards, that one should have access to include: financial records, credit card records, medical data which might impact your

insurability or employability, and genealogical records. There should be severe penalties for other uses or access.

d. When a person is receiving services from a number of different agencies, should information be shared between those agencies?

There will soon be sharing between agencies because the consumer wants to reduce administrivia, but this should be password protected. There are pluses and minuses to this, but the group felt that the public wants this sharing.

e. Are there circumstances such as those directly affecting the safety of the community, where data should be shared or released without your consent?

The report of specific diseases. When the practitioner reports a disease, he or she gets your name and address. We don't need identifying data on 99.9% of the diseases. But, if there is an outbreak, then we need to make contact. We then may go to the practitioner and say, "we need this person's contact information". As a courtesy, the practitioner will usually call the person first and let them know that their information needs to be given out.

f. Who, if anyone, should enforce these rules?

Enforcement of rules is not well done now. An independent agency, or an ombudsman court, should be available to a person who feels abused by the system. The privacy issue has not been resolved. We need very strong federal and state rules. The solution is the passage of time. Currently, there is little protection of privacy; but that isn't the public's perception, nor is it the public's value. The public value is for privacy, autonomy, confidentiality, and a trusting relationship. In reality, we are moving quickly in the opposite direction.

Strength of Response

The group had agreement on the issues, but the expression of the issues came predominantly from one person.

3. The current health care system does not provide care for all. Many are uninsured, underinsured, poor or otherwise unable to buy health care. Communities have often found ways to partially fill the gap. In our community we have Free Clinics to help those not eligible for Medicaid.

a. How should these needs be paid for?

One respondent felt that this is a great place for private enterprise and community. A Free Clinic must provide a complement to government structures; it is a private charity. There may be a role, however, for local government. They may give space, medications, and phones. For hospital care, there are Health Vans, which are multiply funded. But all of these need more than our current resources.

b. Who, if anyone, should be responsible for making sure that services

are available?

The overall issue is: what is the social contract here? The health care contract right now is in flux. We should examine the Oregon health care plan. They had town meetings and made priorities. It was funded by these priorities established in the town meetings.

NOTE: The transcript for most of this question, as well as the next 4 questions, is missing. Therefore, the material provided for questions #4 through part of #8 is from the notes of the Moderator.

Strength of Response

There was very little invested in this question by the group.

4. Basic health care can be provided in a variety of ways. (Everyone has the same services, by ability to pay, or a combination of the two).

a. How should health care be organized and provided in our community?

The issue of how to determine basic health care is a distributive justice issue.

b. Health care can also be paid for in a variety of ways (by the government, through insurers, or by the patient). Which method do you think would best serve our community?

If it were clear-cut, there wouldn't be 10 systems.

c. Which of the activities involved in distributing and paying for health care should be regulated? By whom?

This should be a local question.

d. Some expensive services or scarce services (heart surgery, organ transplants) are not available to everyone who might need them.

How do you think these scarce resources should be divided up?

The Oregon model was brought up again. Decisions could be made through the community deciding on its priorities for spreading the available resources.

Strength of Response

There was very little investment by the group in this issue, though there was general consensus.

5. How important is protecting the public from the spread of diseases such as AIDS, E. coli, hepatitis, and tuberculosis through outbreak investigations and control. What impacts on your own privacy and rights do you feel you might accept for varying levels of safety?

As mentioned in earlier questions, this is very important. Personal behavior plays a big role in this. If there is a spreadable disease or potentially harmful

behavioral problem, then the community has a right to require a change for their own protection. HIV/AIDS has been handled differently than any other disease. It is related to as a disability rather than as a disease. Thus, individual rights are paramount; community needs are secondary. It is a protected disease. There is a conflict between the Americans for Disabilities Act and the right to pay for treatment. Health care costs will go up. There should be local input on this question.

Strength of Response

The participants felt very strongly that, in the case of HIV/AIDS, the rights of the community were being threatened. They felt there should be local input on these issues.

- 6. The government inspects and licenses health care facilities such as hospitals, nursing homes, and urgent care centers.**
- a. Do you feel that inspections and licensing protect the public? Why or why not?**
- Yes, definitely.
- b. To what extent should the government continue to provide this service?**

The government is the *only* agency that can provide the service. The other agencies are "bought off".

Strength of Response

This was a "short and sweet" response by the participants. They felt strongly and felt that nothing more needed to be said.

- 7. Some diseases, such as tuberculosis, can pose a risk to the community if someone who is infectious refuses to take measures to protect those around him or her.**
- a. What rights should the community have to limit the activities (quarantine or isolation) of such a person?**
- b. Under what conditions and supervision should these community rights be enforced?**
- c. Who, if anyone, should enforce them?**

The participants felt that this question had been addressed in several of the questions of this session. The general orientation of this group is that the needs of the community take precedence over the rights of the individual.

- 8. Above and beyond the income of individual practitioners, Medicine in the United States is big business, and health systems, insurance companies**

and hospitals charge for their services. Even non-profit institutions often charge for services and pay staff to provide those services. Profit is reinvested to expand services to the people served or is paid to investors as dividends. How high can a profit margin be and still be morally acceptable in medicine?

The marketplace doesn't exist today in medicine.

Strength of Response

There wasn't sufficient text present their responses to the question, or to comment on the strength of their response.

- 9. Many people believe that the changes in society such as two parent working families and single parent families have resulted in a large group of vulnerable youth. This problem may be even worse in our community because of the effects of commuting. In our community, one survey found that 20% of elementary school students were either “latch-key” kids or watched over by siblings before and after school. Another survey found that under-supervision of youth was considered to be one of the most significant problems in our community.**

a. How do you think that these problems have affected youth?

One participant indicated that 20% was a tremendous undershot of the problems and there was agreement from the other participants. One of those present had found that 90% of a school class in which they were giving a talk indicated that they go home after school and no parents are there; half of the students had indicated that they were in charge of a brother or sister when they went home. These aren't low-income houses; they are lovely houses where both parents are working in order to pay the mortgage.

b. What can we (community, agencies/organizations) do to minimize the impact of commuting on families?

c. How should we (community, agencies/organizations) address the problem of under-supervision of youth in our community?

This is the question on which the group felt they should focus. There is currently an effort toward getting communities to accept telecommuting. That way, at least one person can stay at home. It would be more difficult to reduce the number of parents who work because they are used to it. It was mentioned that, in Germany, a parent is paid a stipend to stay at home because it is considered to be a valuable job. It is for the benefit of the whole community.

The issue is: what is important to the community? One participant felt strongly that the community should market itself to businesses as a place where they don't have to buy a lot of square footage because many employees are going to

work at home. That is a social need. However, this is more possible with the highly educated people.

One solution is that you find a lot of good activities for kids to stay out of trouble between 3:00 and 6:00 PM; extend the school day; or make it a 12-month school year. Another respondent suggested that kids' suicides would probably increase. There could, then, be sports and recreational activities rather than classes that keep children at school until late. Boys and Girls clubs are offering more. However, this is all lower level activity.

There was more disagreement with this suggestion. Some considered that it is parents who are important. What the community needs to do is to support the parents in being able to spend more time with their kids. The community needs to value that as an activity. And it needs to provide the buffer zone where people can move in and out of community services so that children are exposed to parents and other community members.

Day care is another important issue here. However, when the county first contracted with private daycare providers, they charged market place prices. Thus, parents couldn't afford the service and children then became latchkey children.

d. When is it appropriate for the community to intervene on behalf of a child?

No response to this question.

e. How can we (community, agencies/organizations) create a sense of community to combat this societal change?

No response to this question.

Strength of Response

Respondents had a hard time with this question. There was no general agreement on strategies.

10. Wellness activities are a personal choice but can have consequences for others in the long term.

a. Should the community be accountable for wellness activities or should they be the responsibility of individuals?

There was a conclusion that, before being able to answer such a question, some information needed to be pulled together about what is being done in other places. All said that they would like to learn more about the issues.

b. Should the community pay for the consequences of poor wellness choices?

Communities should pay for education on health choices.

Strength of Response

The group had some disagreements on this issue and saw it as very complex.

General Public 1: Manassas Park Elementary School

March 11, 1999

Group Level Information

Bias: The group members were from two groups of people: parents of children in the Manassas Park Elementary School (the majority of the group); and local churches. There was a possible class difference between the two groups and more consensus among parents.

Effort/Involvement: The group was very involved in the questions and interested in the topic.

Demographics: Gender=10F
Age range=32-54
Race=9WH, 1BL
Income=1(10-19000), 1(20-29000), 1(30-39000), 1(40-49000), 3(50-59000), 1(70-79000), 2(100-125000)
8 insured, 2 not insured

Size: 10

Facilitator: Gayle Hamilton

Question Level Information

1. What role, if any, should local government play in assuring a community's health?

To *monitor*, and *set standards* for the local corporations to insure that they are maintaining environmental standards.

To become more involved in insurance companies -- indeed, to *regulate* them -- so that they provide reasonable service.

To insure that there is no discrimination in either direction. Those on public health ought to get the same care as anyone else. Start with managed care.

Tax dollars should be put into health care. But they don't want them to go into administration. Where tax dollars go ought to be monitored.

2. **Nationally and in Prince William County, disease is found more often in the low-income population. Often, access to dental care is limited by an individual's ability to pay. Medicaid provides dental coverage only to children and there are very few dental Medicaid providers in the area. Who, if anyone, should be responsible for providing care to those low income groups unable to access care?**

The government should provide for access to care, perhaps through personal property tax. Any kind of health care should be made available if the person meets certain guidelines. Do this on a sliding scale.

The group was in widespread agreement that the dental health care costs too much. After they have paid their premium, they can't afford to actually go. It isn't a real break. Something has to be done!

There was consensus in the group that money that is currently being spent building elaborate jails and penitentiaries should be diverted to health care for low-income groups. Our priorities are not in the right order! Redistribute the money. They feel that inmates can get better dental and vision care than they can.

Vision care is equally problematic. One person indicated that the only reason she can get vision care is because she has a diagnosis of diabetes.

The group wanted to know who makes the income qualifying scale and how it is monitored. Several of them have been \$6 over the scale so that they could not get school lunches or some other service. They are told they make too much money, but there "isn't any in the bank". You are not even told what the scale is. They all agree, as well, that people lie about their income. No one seems to be checking.

3. **Most of us know someone with a chronic disease who would be doing better if they received services earlier in the course of their disease.**
- a. **If you know of such a person, what condition do they suffer from and what services would have helped them?**
 - b. **Who, if anyone, should be responsible for providing these services?**
 - c. **What gaps in services have worsened in the last five years?**
 - d. **Which gaps in services have improved in the last five years?**

The conditions mentioned included Multiple Sclerosis (MS), cancer, Chron's disease. One person reported that, if her friend had had insurance 10 years ago, she could have prevented her current condition (MS). She couldn't get help until it had reached a worse stage. There should be cancer screenings, pap

smears, and checks for prostate cancer.

The medical system doesn't run on preventive mode. The group felt that they need regular check-ups but the medical system doesn't cover those; it doesn't cover physicals except every two years. You have to be dying before they treat you. However, the group agreed that they had seen a huge improvement in the preventive type policies on the job insurance plan.

The Health Department should be responsible for providing these services. They are wonderful on immunizations. The group wondered why they were stopped in the schools. The Health Department is doing a good job on education.

- Education: both the schools and the health department should be responsible for it.

- Prevention screening should be provided by the health care provider. If they don't, then perhaps the Health Dept should. Also employers can do this with real incentives.

What has worsened over the past five years is treatment for chronic illnesses. You are told you have a potential problem, but that the tests are too expensive to run; you call the insurance to get an okay for an emergency visit, but don't hear back from them. They give you "hell" if you finally give up and go to the emergency room without calling them first -- even if it was for a life-saving situation. There was agreement by the group on this, and intense feelings. One person even mentioned her 9-year-old daughter who has had a heart problem since age 7. Emergency visits aren't paid for if she doesn't have time to call first; and, she can't find a doctor who will work with someone that young.

Referrals are a problem. The group reported that they used to be able to get everything done by their own physician. Now they have to go to an allergy specialist, get the shots, and take them back to our primary physician, who will give them the shots.

There were no comments about any services that had improved over the past 5 years.

Strength of Response

The group felt very strongly about these issues. There was consensus and strong feeling.

4. Many persons with chronic mental illness or other mental disorders may not be able to live independently. The law states that group homes may be

located in any neighborhood.

- a. **Where should group homes or supervised apartments be located?**
- b. **How would you feel if a group home moved into your neighborhood?**
- c. **Who should decide where these homes are located?**
- d. **How should these residential arrangements be funded?**

The group felt okay about group homes being located in their neighborhoods (and might even volunteer there) unless they were sexual offenders or violently mentally ill. They might go off of their medication. One person disagreed, saying that they could have sexual offenders living next door without knowing it. At least in the group home, they would be identified.

They agreed that the community in which the home is being placed should decide whether or not it should happen -- the people with children in the neighborhood. They should be funded with tax dollars. There was no disagreement on these issues.

Strength of Response

The group had to struggle with this issue for a while, educating themselves through one another. In the end, there wasn't total agreement on this issue, but most people (all but one) felt as written here.

5. Wellness activities are a personal choice but can have consequences for others in the long term.

- a. **Should the community be accountable for wellness activities or should they be the responsibility of the individuals?**
- b. **Should the community pay for the consequences of poor wellness choices?**

There can be education in wellness activity, information about different health needs, or having babies, parenting. These might be done in the schools. They need to be taught when they are young about eating right and we need to have preventive check-ups. If the community offers these wellness activities and people don't take it, then they need to take the consequences.

Strength of Response

There was consensus among the group, but this was not a question that was of much interest to them.

6. Injuries can be unintentional, such as a person falling, and intentional, such as an assault.

- a. **Which kinds of injuries do you think are the most important?**
- b. **How should the community decide which kinds of injuries should be**

addressed?

c. What strategies should we use to prevent injuries? (regulations, inspections, protective equipment, education)

The group was most concerned about the intentional assaults, where "people are hurting people". One parent gave several examples of violence on the school bus; so she has now taken her child off of the school bus. However, the group felt that all injuries should be addressed, whether physical or emotional. Several persons had the idea that perhaps on the bus they could have an aid, or a volunteer parent. It is too much for the driver to handle. A group member that is a bus driver pointed out that she can't get a particular aggressive kid off of the bus because he is in special education. The group indicated that the situation is unfair.

It is difficult to prevent violent crime because it is everywhere and happens when no one is around. Perhaps if the consequences were greater, people wouldn't do it.

Strength of Response

The group had consensus on the issues discussed. Their feelings about the situations were fairly strong.

7. The misuse of antibiotics creates resistant organisms. This can happen in animals and in people. However, when you have an illness, you usually want the most modern treatment available regardless of the long-term effects such a drug may have on the community at large.

a. Should we (community, agencies/organizations) have policies to regulate the use of antibiotics?

b. Who, if anyone, should develop these policies?

c. Who, if anyone, should monitor compliance with these policies?

Three persons said "no" and two persons said "yes" to the issue of having policies to regulate the use of antibiotics. Some felt it was a quick fix for the doctors, without their even checking to see the need for it. Doctors want to give people what they want as well. One parent offered that her daughter kept getting colds and kept getting antibiotics for them. When she asked her doctor why her daughter was getting so many colds and ear infections, he just replied that it was common in children.

Some felt that the AMA or FDA should come down harder on physicians. They are more objective. It would help the doctors -- they could then say "well, the government prohibits this". The insurance companies could also make policies on this and monitor. Another participant mentioned that we have some

responsibility in all of this because we are moving at such a fast pace that we don't want to be "down" and therefore ask for the quick fix. There should be someone in the physician's office (the office manager) who monitors compliance. Make it similar to narcotics monitoring.

Strength of Response

There was little agreement on this issue.

8. What is a hospital's role in community prevention?

The Prince William Hospital sends out a newsletter monthly and has preventive classes, but they want money. The preventive classes are too expensive. Diabetes education is the only thing that is free. Quitting smoking clinics, Lamaz, and prenatal care are very expensive.

Perhaps the schools could offer some of these classes. Since the issue is about saving lives, organizations, such as PTO's, school systems, etc., ought to open it up to the public. Perhaps the hospitals could go into the schools. They could do the immunizations in the schools. There could be a health mobile.

Members of the group knew hospitals that provided these kinds of community-based services, but at a reduced rate. They mentioned a health department in a nearby community that had an office in a townhouse, giving access to the community. They were not sure who paid for it. Perhaps they could use volunteers, or medical students. Perhaps companies could donate the equipment.

One person mentioned their company prevention services. The company brought in CPR; did blood work, cholesterol checks, blood pressure checks; provided education. The company felt that this would reduce sick days. It was a wonderful thing.

Strength of Response

The group felt very strongly, and with consensus, that preventive services were limited and too expensive. They felt that such services ought to be made more public and more affordable.

9. Some diseases, such as tuberculosis, can pose a risk to the community if someone who is infectious refuses to take measures to protect those around him or her.

a. What rights should the community have to limit the activities (quarantine or isolation) of such as person?

b. Under what conditions and supervision should these community

rights be enforced?

c. Who, if anyone, should enforce them?

The group felt that they should have a right to report a person who is infectious but not protecting those around him or her. It falls into the same category as AIDS.

The group felt that it was hard to decide how to do it: some people don't want to be quarantined. They asked the question: how do they do it with gonorrhea and syphilis? Perhaps there is a mask or something one could wear. What if the person can't afford to do what the Health Department requests? What about the issue of religion, where they don't believe in doctors?

The group felt that this perhaps requires getting tax dollars redirected and prioritized. If there is a real concern for these issues, then the Council people, the Mayors and the President should look at these issues and perhaps say that we are spending dollars where it is not really in the best interest of the people.

The Health Department should be the enforcers of whatever is necessary to be done.

General Public 2: George Mason University, Young Adults March 23, 1999

Group Level Information

- Bias:** The group members were all students in an undergraduate health class at George Mason University. (Staff note: A number of the participants were high school students not in the undergraduate health class at George Mason University.)
- Effort/Involvement:** Most students participated in the discussion. Their participation was higher than that observed in other groups. This assessment of their higher participation was made after all the focus groups were completed.
- Demographics:** Gender=14F, 4M
Age range=17-29
Race=14WH, 1BL, 1H, 1A/PI, 1O
Income=1(<10000), 1(10-19000), 1(30-39000), 1(40-49000), 2(60-69000), 2(70-79000), 2(80-89000), 4(90-99000), 1(100-125000), 3(>125000)
16 insured, 2 not insured
- Size:** Approximately 28 (18 completed surveys)
- Facilitator:** Amr Abdalla

Question Level Information

- 1. Should the quality and effectiveness of medical care and human service programs be monitored by one agency or organization? How? Who?**
Respondents overall agreed that it would probably help to have one organization or agency monitor the effectiveness of medical care and human services. They, however, expressed concerns regarding the motives of such an organization. They stated, for example, that if such an agency is motivated by monetary gain, this may compromise its effectiveness. They also stated that such an organization should be working for the people. Only few respondents preferred a system of competition, which would ensure better quality of service.

Strength of Response

The group seemed to lean on the agreement side that an organization that is not motivated by anything other than the interest of the public would be helpful.

2. **In order to decrease the number of unintended pregnancies, effective and desirable methods of birth control are needed. In the United States product safety information for contraceptives is gathered by continuous monitoring of a product even after it has been approved. This slows down the introduction of new contraceptives into the market and, in some cases, makes products approved in other countries unavailable in the US. What, if anything, should be done to help simplify the process so that contraceptives tested in other countries are available in the US?**

There was no clear direction for the responses to this question. Few respondents stated that perhaps the U.S. should maintain the high standards of safety in order to insure the safety of the public using these contraceptives. Others were clear that the process may require simplification; but were unclear on how.

However, one respondent raised his concern that the issues underlying the issue of contraceptives were worthy of consideration. He wished the question addressed what causes unintended pregnancies. He equated the question to one that focuses on airbags but not on drunk driving. He believed that efforts must target the causes of these pregnancies.

Strength of Response

No one response to this question received any type of agreement. The responses represented only the individual who voiced them.

3. **People with disabilities often suffer from other conditions such as bedsores, urinary tract infections, and respiratory infections. Because these illnesses are problems that are related to their disability they are called secondary conditions.**
- a. **Are we (community, providers, agencies/organizations) doing enough to prevent secondary conditions?**
 - b. **Who, if anyone, should be responsible for making sure that secondary conditions are detected and treated early in their course regardless of a person's ability to pay?**
 - c. **How do we (providers, agencies/organizations) make sure that persons with disabilities have access to medical services?**
 - d. **How much should we (providers, agencies/organizations) intervene in the quality of life issues that people with disabilities face?**

Respondents provided general responses which emphasized that family member and primary care providers should be well-equipped to identify these conditions and to take the proper course of action accordingly. Others suggested that delivery of medical services in these conditions should be improved so that a patient who cannot receive his or her service by going to a clinic or a hospital may receive it at his or her home.

Other respondents stressed the need to talk to such patients and try to understand from them what they really need, and what can be done to help them. Others suggested conducting a study to identify individuals who are close to such patients in order to understand from them how patients' needs may be met.

Strength of Response

The strength of the response was about the need to explore new ways to deliver these services and to provide a forum of dialogue which includes the patients and others related to them.

4. Current laws provide funding for specialized services for persons with mental disorders and other disabilities up to the age of 22 through our public school systems. With proper supervision and advocacy, many of these persons can be gainfully employed, thus helping to avert crises requiring expensive inpatient stays for stabilization.

- a. Should supervised employment be provided for these persons?**
- b. If so, who should fund these special services?**
- c. Where should people with mental disorders who are employed through such a program live?**
- d. How should we (community, agencies/organizations) ensure that they have adequate transportation to and from their workplaces?**

Respondents distinguished between those patients with mental disability and those with only physical disability. For the former they suggested that the government and private industries could fund these projects. They also mentioned the effective examples of employing such patients by government and private industry. They also mentioned situations where communities provide support, such as transportation, to help mentally ill patients to commute to their work. They expressed concerns about the reliance of many of these initiatives on grant funding which is not guaranteed to last.

For physically disabled persons, respondents emphasized that there might be no need to have a close supervision as long as work conditions are suitable. They found that close supervision "would give them a complex, to have somebody

looking over their shoulder all the time.” They also mentioned examples of organizations that were able to provide the proper type of environment to help physically disabled persons perform task that they can excel at.

Strength of Response

Strong consensus existed that favored collaborative efforts by government, private industry and community to provide and facilitate the work of physically and mentally handicapped persons.

5.
 - a. **Does our current system of describing the quality of nutrition help people?**
 - b. **How should this system work?**
 - c. **Who, if anyone, should be responsible for making sure that the people of our community understand nutritional information and can plan healthy diets?**

First, respondents stated that the current system is not working, as evident from America being “the fattest country in the world!” They blamed fast food businesses for pushing their products on the public without consideration of their negative dietary effects. They even glorify fast food!

Education was the main theme that they suggested to counter this problem. Education for young children, for teachers, for physicians, and for parents. They found that people on all levels need to be educated about nutrition. They stated that doctors are not necessarily trained to deal with nutrition issues. They found that training on nutrition must become part of a doctor’s training.

Strength of Response

The response was very strong in the direction of nutrition education on all levels, to different segments of the society.

6. **Many people believe that youth violence is increasing because of the lack of family and community support for youth. In our community, one survey found that 20% of elementary school students were either “latch key” kids or watched over by siblings before and after school. Another survey found that under-supervision of youth was considered to be one of the most significant problems in our community.**
 - a. **How do you think that these problems have affected youth?**
 - b. **How should we (community) address the problem of under-supervision of youth in our community?**
 - c. **What role, if any, should the schools play in violence prevention?**

- d. **When is it appropriate for the community to intervene on behalf of a child?**
- e. **How should the community intervene in situations where the family has not been able to prevent violence?**

Respondents agreed with the question statement that there is lack of family and community support for youth. They emphasized that youth issues should be the concern of all community members: school, parents and neighbors. Several emphasized, above all, the role of parents and their relationship to their children. They found that ultimately it is the parents' responsibility to follow up on their kids.

For schools, respondents voiced the need for more strict policy enforcement and for having security guards. One respondent mentioned that "schools themselves need to be more strict on what they mean by violence. Another pointed to the need to re-direct the focus of our efforts from the high school to the middle school, as most of the trouble behavior, such as drug use, start there.

One respondent cautioned against narrowing the problem of violence to the school level. He found that violence among youth is prevalent in the society as a whole, not only at schools. He indicated that the problem is with the social structure and culture, thus requiring more comprehensive efforts beyond just schools.

Community's intervention on behalf of a child was suggested in cases when the child asks for help, or when his or her behavior is destructive to others. They suggested that parents must be held accountable in these cases, and must be fined if needed. They suggested professional counseling, not what may be provided by a guidance counselor at a school level, for children who may need help. One program that was praised for its success with children was the Big Brother program.

Strength of Response

Responses were strong in their emphasis on parents' role, strict policy enforcement at schools, and providing mentor-like counseling to youth.

- 7. a. **When you think that food has made you (or your family) ill, how do you go about getting help?**

There are many parts of the process of getting food into stores, homes, and restaurants. They include food purchasing, processing, distribution, preparation, and finally, consumption. The safety of food in the US is managed under Federal, State, and local programs. Many agencies

including the Food and Drug Administration, the US Department of Agriculture, the VA Department of Agriculture and Consumer Services and the VA Department of Health, play a part in setting standards and inspecting for compliance with different phases food process.

- b. Does the current system provide enough protection for our community?
- c. How should the government be organized to best provide protection and advice to you?
- d. What do you feel would provide the greatest improvement in Food Safety? (increased inspections, tighter standards or penalties for those not complying)

Respondents stated that in case of food poisoning they would contact the food establishment where they consumed the food, and also the proper agency that deals with food inspection and safety (some respondents named the Health Department to be the proper agency).

Respondents emphasized the need for education on food handling. They suggested that restaurants insure that their cooks are well educated about different types of food handling. They also found it necessary to provide public education in different ways so that the average person may learn what to look for when consuming or handling food. One respondent stated that schools offer this type of education in home-Ec. classes. Unfortunately, male students in general do not join such classes.

Respondents also raised doubts about the accuracy of food labels. They thought that they are, in several instances, misleading and do not provide accurate information to the public regarding food handling.

Strength of Response

The need for educating those working with food, and the public in general was highly emphasized.

- 8. **As the health care industry changes, and welfare systems are restructured, new ways of providing services are emerging. Community not-for-profit charitable organizations are providing health promotion and prevention services that previously were delivered only by hospitals, health departments, and doctors' offices.**
 - a. **What should be considered by private organizations and government agencies when deciding whether to deliver these health promotion and prevention services (cost, current availability in the community, effectiveness of intervention)?**

- b. **How should these services be integrated with the services being provided by other agencies in the community?**
- c. **In some areas the health care industry has begun delivering services, such as contact tracing for infectious disease, that until recently were only provided by health departments. What should be considered by private organizations and government agencies when deciding whether to deliver health protection services?**
- d. **How should these services be integrated with those services being provided by other agencies in the community?**

In general, respondents were in favor of allowing “new” health delivery entities to enter the arena of health. They suggested that they could play effective roles in providing preventive services such as those related to food handling and nutrition. They found that their preventive and educational services may prove to be cost effective as many people may prevent costly diseases.

Strength of Response

Respondents were in favor of allowing “new” health delivery entities to enter the arena of health.

- 9. **Above and beyond the income of individual practitioners, Medicine in the United States is big business, and health systems, insurance companies and hospitals charge for their services. Even non-profit institutions often charge for services and pay staff to provide those services. Profit is reinvested to expand services to the people served or is paid to investors as dividends. How high can a profit margin be and still be morally acceptable in medicine?**

The only comment that was made indicated that the need for medicine (demand) overrides the need to control prices (supply). Therefore, people will always find ways to pay for the medicine they need.

Strength of Response

Insufficient responses were made to assess the Strength of Response.

General Public 3: Transitional Housing, April 1, 1999

Group Level Information

- Bias:** The group members were all persons being helped by SERVE, a community organization that provides services, such as transitional housing, to those who are homeless. All participants, therefore, are persons who are extremely poor and accessing the health care system without resources.
- Effort/Involvement:** The group was very involved in the questions and interested in the topic. All participants had been recipients of poor services or had found no services for their health care needs. They were, thus, very passionate about the issues.
- Demographics:** Gender=6F, 4M
Age range=18-42
Race=1WH, 6BL, 1H, 2O
Income=1(<10000), 5(10-19000), 2(20-29000), 1(40-49000), 1(70-79000)
9 insured, 1 not insured
- Size:** 10
- Facilitator:** Gayle Hamilton

Question Level Information

- 1. What is your sense of the extent to which agencies work together on health issues? Who, if anyone, should monitor the collaboration and communication between agencies?**

The agencies work totally separate from one another. Example:

1. WIC check. One participant described an incident in which an amount was taken off of her WIC check without telling her in advance. She made an appointment to discuss it; got there; and there was a different person who said that she would have to re-schedule for another day. She left without her check and had to come up with some money to get food for her daughter.
2. Another participant described having multiple, severe health problems and was given a physician in Woodbridge. She didn't have her driver's license or car so she couldn't get to the doctor. So she called the 800

number to request that the primary care doctor be changed to one in Manassas. That was 7 months ago. Last week she made the request again. She then made her own appointment with a doctor in Manassas and requested that she get a referral from the Woodbridge doctor to make it easier. He won't cooperate at all. Even though it is an emergency, I can't get an appointment with anyone for 3 months.

3. Social Services Medicaid cut off another participant after she went back to work, without telling her. When she called they said, "Oh, you make too much money now". She had no notification.
4. The group felt that agencies are especially not helpful around prescriptions. One agency will prescribe a medication, another won't dispense it, or may not even have access to it. You leave the office with nothing. You can't go to the hospital to get the prescription filled; you can't go to the Health Department to get it filled; you are therefore left with no way to get it filled.
5. Without Medicaid, prescriptions are unaffordable -- e.g., \$89/month. When you say you can't afford it, they don't fill it.

The prescription problems happen more with mental health problems, but it is with the medical providers as well.

Strength of Response

There was consensus throughout the discussion. However, the consensus was particularly strong around two issues: the fact that the agencies don't work together; and, the fact that getting medications is a major problem, primarily because of the lack of cooperation between agencies.

2. The concept of health care as many levels of services from preventive to rehabilitation is probably foreign to most people. How should people be educated regarding the levels of services available to them and how best to use these services for good health?

Their idea is to announce prevention services at the Public Health Department; in the phone book; or on hot lines. However, the group felt that preventive services "weren't really available at all", for anything health-related. "There is positively no preventive care. It's a dead end."

Participants reported that they had tried to go to the Health Department for an OB/GYN but with no success. It is impossible. They are only aware of services for when you need them that are available, say, on Thursday nights at 5:00.

Dental services are an even bigger problem. You have to call on Monday morning at 10:00 (exactly). By then you can't get through. When you do get

through, the appointments are all filled up; then you have to wait until the next Monday and start all over -- even if you have an emergency. One participant cited the case of a friend who had a chipped tooth and a piece lodged in the gum, which created such severe pain that she couldn't even open her eyes; they said there was nothing they could do for her because there were no more appointments.

Participants asked why Medicaid doesn't cover dental care after age 18. Dental care was a major issue for the entire group.

A participant told the story of being pregnant and wanting to see a doctor because of her current medications. She was told to call Social Services; they told her to call the Health Department.

Strength of Response

There was total, passionate consensus on the stories presented here. These were stories experienced by all group members, and there was an obvious high level of frustration around the issues.

3. The Health Department is responsible for gathering information about infectious diseases in our community and notifying people of their risk when they have been exposed.

a. How should we (community, agencies/organizations) determine which diseases should be reported to the health department?

Communicable diseases.

b. How should we (community, agencies/organizations) make sure that they are reported accurately and quickly?

Through community TV and special broadcasts.

c. Should there be penalties for not reporting? What should those penalties be?

Yes, there should be penalties. The person should be fired from his/her job, or maybe suspended for a year or two. Even if they are with the Health Department.

d. What should be done with the information that is collected?

Pass it around: mail; TV commercials; e-mail; post signs of meetings to discuss it.

e. What tools should be available for following up on cases of infectious disease?

First, it should be followed to completion. Perhaps through after care home visits, perhaps by the Health Department. One person gave the example of having TB when she was 12; her family was in the Army. She had to take some

pills for a year; they called her Mom frequently to make sure she was watching the situation and providing her the medication. She felt that the Army cared.

f. Who, if anyone, should be responsible for doing the follow up?

Follow-up should be by whoever diagnosed it in the first place. Or, they should assign a counselor to go to the home once/week. But, then, you are probably going to get lost in the system. When there are multiple parties involved, each one can blame the other. They don't believe, however, that follow-up is really being done. Their perception is that there is so much happening with the teens that the system is overloaded and feels that the teens won't listen to them anyway. "They just want to sit there and get paid".

An additional problem is for those of us working with the sick. Because of the confidentiality laws, we are not told about their diseases, even syphilis. If we don't get informed, how can we protect ourselves?

Strength of Response

Participants were in agreement on the issues presented here. The group suggested very strong reprisals for not reporting communicable diseases.

4. Many elderly are known to suffer from depression. Suicide among the elderly is high, yet the elderly are difficult to reach with traditional services because of physical and social isolation.

What is the community's responsibility to reach out to this group?

1. The group felt very strongly that the community has a responsibility to make sure the elderly are taken care of. The elderly have been neglected too long -- and they are the ones who brought us to where we are now. It is time to give back.
2. The suggestion was given that systems should be installed to let us know when something is wrong -- e.g., a call button in case they fall.
3. Programs should be set up, just like social services, for the elderly. Right now, when they go into a nursing home, they have to sell their home and land just to get Medicaid. Then they have no one to comfort them or educate them when they are sick. Sometimes they die in the nursing home because they can't afford to go to the hospital when they get sick. There should be something out there for them.

a. Who, if anyone, should be responsible for making sure that the elderly have access to needed services?

This question does not appear to have been addressed.

b. Who, if anyone, should pay for the specialized services needed to reach this population?

The money should come from the money that they pay all of their lives into Social Security. Everything should pay into Medicare. Or, what they have to

pay for Medicaid should be put in a program for the elderly. They are not getting back what they put in. Participants were unhappy about the fact that, if you get Medicare or Medicaid, you can't own anything. After working their entire lives, they can't even have a bank account with over a certain amount of money. Then the funeral costs get dumped on the family. What about the taxes these people have been paying all of their lives? And, they have been paying Blue Cross/Blue Shield all of their lives (\$200/month for 40 years), but now they are only going to pay for 10 days?

Strength of Response

There was a lot of feeling about this subject among all group members. Several of them worked in facilities for the elderly and felt particularly strongly about the issues; however, there was consensus among the entire group.

5. a. What should we (community, agencies/organizations) be doing to identify people with eating disorders or nutritional problems?

Since they are usually young, there should be some warning signs to identify them when they have their school physical. Provide the doctors with a list of warning signs.

b. What services should we provide (agencies/organizations) to people with nutritional problems?

c. Who, if anyone, should provide these services?

Strength of Response

The group did not have much interest in, or focus on, this question. It did not appear to be a major part of their experiences.

6. a. There are many circumstances where injuries can be prevented through regulations that may be viewed as an invasion of personal freedom, such as mandating seat belt or helmet use.

b. Is this an effective way of reducing the impact of injuries in our community?

It was difficult to get them to comprehend this question. After a lot of prodding, they all agreed that seat belt laws were important and okay to have.

c. When should an individual's rights be limited for the greater good of the community?

They couldn't manage this question.

Strength of Response

These questions were beyond the experience or understandings of the group members.

7. Many agencies participate in food safety issues, each with a different area of responsibility.

- a. Do you believe this leads to greater protection or creates lack of coverage in certain areas?**
- b. Do you believe there is enough inter agency communication and notification of Food Safety incidents or problems?**

The group generally agreed that the food safety agencies were "on top of the problem". Participants had personal experiences in their work with food services being shut down, fined, etc. All felt that the agencies were being effective. Except that several persons who worked at fast food services felt that staff didn't wash their hands or wear hairnets as much as they were supposed to do. They felt, however, that it was impossible to monitor this properly. It would take a lot of money and people to monitor it.

- c. To what extent could these problems be addressed by centralizing all inspections and regulations?**

They don't think this would help. The problem is that you have to "stay on top of it" and one agency couldn't do this better than multiple agencies.

Strength of Response

While there was consensus in the group on the responses, there wasn't a major investment in the issues. They felt safe and felt the government was protecting them.

8. a. To what extent does the health department duplicate services already being provided in the community? Is this duplication appropriate?

There was agreement that there are duplicate services -- e.g., Georgetown South, the GTE trailer -- however, they are necessary because there are still an insufficient number of services. The Health Department can't, or isn't right now, taking care of all needed services. However, the ensuing discussion in the room made it clear that not all participants (about half in the room) were aware of all of the available services! The participants then spent some time educating each other about location, costs, services, etc. Let all of the organizations help.

- b. To what extent should the health department provide clinical services? (What kinds of clinical services?)(What should the health department do?)**

That's not their responsibility. That is the responsibility of the CSB. However, the CSB isn't providing sufficient care, so perhaps the Health Department should. Build one Health Department for age 18 and up and keep this one for the kids.

The group very much likes the way that SERVE works. You have to work and

you are given the supports to "move up". The participants that were at the meeting had future plans -- how long it would be before they were on their own. They felt that private groups like this were far superior to government groups -- had more latitude --- e.g., could use volunteers.

Strength of Response

The major group passion and consensus was on their feelings about SERVE. They feel strongly that private organizations can do more service than government, primarily because they have more latitude, fewer restrictions, and the ability to use volunteers.

9. **Many people believe that the changes in society such as two parent working families and single parent families have resulted in a large group of vulnerable youth. This problem may be even worse in our community because of the effects of commuting. In our community, one survey found that 20% of elementary school students were either "latch key" kids or watched over by siblings before and after school. Another survey found that under-supervision of youth was considered to be one of the most significant problems in our community.**

a. How do you think that these problems have affected youth?

They are alone all afternoon after school and so are directing themselves. After a while, they are so used to directing themselves that they don't take direction from parents or any other adult.

b. What can we (community, agencies/organizations) do to minimize the impact of commuting on families?

There was no material in the notes on this question.

c. How should we (community, agencies/organizations) address the problem of under-supervision of youth in our community?

We need a lot of activities for our children so that they aren't just directing themselves in the afternoons after school. We need after school programs and recreation centers in Manassas. Only Manassas Park has a recreation center. Also need day care because many people can't afford day care on their own. Put more money into an organization like SERVE, or give them tax breaks. Then let SERVE make people personally responsible. If it weren't for them, day care wouldn't have been an option. It costs way beyond what can be afforded.

They are in favor of adding personal responsibility to the picture. Think that welfare is a problem if it doesn't require certain behaviors and responsibilities for the money. This lack of responsibility-- mother working and father not doing what he is supposed to do -- is what is behind the problems. It would be best if mothers didn't have to work, but it is required by Social Services, so you have to find day care. They can now force fathers who have abandoned their children to

pay for the child's medical insurance; why can't they do that for day care? Why can't the judge order him to pay for day care? What the court orders from the fathers doesn't help us. It doesn't go far enough.

Welfare is designed for the person to not move on, not to bring a man into the household and have a real family, and you are forced to perpetuate the same situation. We need to change that system. It needs to support the family unit, not drive the family apart. The government isn't going to change this system. It is going to be changed by agencies like SERVE. We need to support the community agencies that are doing a fairly good job; support them; give them tax incentives.

d. When is it appropriate for the community to intervene on behalf of a child?

When you see the child in danger. The community needs to be involved with the kids. It used to be that all parents parented each kid in the neighborhood.

e. How can we (community, agencies/organizations) create a sense of community to combat this societal change?

With focus groups like this. Have people get together and just talk about the news, about what is going on. Get together and have a cookout. Ask people over for dinner, or to go out bowling. New people will feel better if we extend ourselves to them.

Strength of Response

Again, the group felt particularly strong about the use of SERVE because they make people responsible for their lives. Responsibility was a big issue for the group. The government programs promote non-responsibility and the driving apart of families.

General Public 4: Woodbridge High School, April 13, 1999

Group Level Information

Bias: No bias

Effort/Involvement: Moderate

Demographics: Gender=8F
Age range=34-52
Race=6WH, 2O
Income=2(10-19000), 4(60-69000), 2(100-125000)
All insured

Size: 8

Facilitator: David S. Anderson

Question Level Information

1. What about Prince William makes it a healthy place to live? What about Prince William makes it a less healthy place to live?

The main item that makes Prince William a healthy place to live is that there are many community resources available. Participants cited that there are good parks and programs and that there is a wide variety of community resources. However, many of these resources are not known by the general public. Also, there may be a need to pool some resources since there is some duplication in services.

What makes it a less healthy place to live is that there is too much traffic and smog. There was concern about the fact that the physical education classes stop after the 10th grade. Also a concern about the county was that people were not aware of some of the services, such as free immunizations.

Other issues of concern making the county less healthy are issues related to teens, such as violence, alienation, inability to cope in family situations, STDs, rebelliousness, eating disorders, substance issues, substance abuse, and depression. There was a perception of several participants that these have increased dramatically over the past few years.

Strength of Response

Moderate

2. **As the health care industry changes, and welfare systems are restructured, new ways of providing services are emerging. Community not-for-profit charitable organizations are providing health promotion and prevention services that previously were delivered only by hospitals, health departments, and doctors offices.**

- a. **What should be considered by private organizations and government agencies when deciding whether to deliver these health promotion and prevention services (cost, current availability in the community, effectiveness of intervention)?**

Participants indicated how important it was to look at the duplication of services. They called for greater collaboration and communication so that services can be used more effectively and efficiently. There was also a question of effectiveness of certain services and that these should be looked at.

- b. **How should these services be integrated with the services being provided by other agencies in the community?**

Just as with the consideration with the previous response, respondents indicated how important it was for agencies to come together and find effective ways to avoid duplication; they also suggested that it is important to not exclude populations such as those who do not speak English. This has to do with private and public organizations providing similar services. A suggestion is that they work together better.

To assist with these issues, it will be helpful to have an organization or agency that helps provide an overview of the services available in the county. In a related way, some participants cited the need for better public transportation. There wasn't full agreement on this because some participants felt that transportation was sufficient and others did not, but this is an issue that warrants examination.

- c. **In some areas the health care industry has begun delivering services, such as contact tracing for infectious disease, that until recently were only provided by health departments. What should be considered by private organizations and government agencies when deciding whether to deliver health protection services?**

The primary call by participants was to reevaluate the needs of citizens of the county. One example given was the need for parking spaces for the handicapped. Another example is that some people are not getting the services that are needed, which is related to HMOs and health services. Participants indicated that doctors are stuck in the middle of this and that currently the

system is broken regarding provision of services to citizens.

Concerns were expressed with processes that might be used to evaluate the needs of individuals so that they maintain confidentiality. The important issue is that patient-doctor trust relations not be violated and that confidential information not be exposed through notification procedures that may not be treated in a confidential manner.

d. How should these services be integrated with those services being provided by other agencies in the community?

The participants suggested that community services be reviewed carefully to attempt to avoid duplication. They didn't want each agency doing the same thing. There may be some overlap such as with access to information and pulling files, tracking individuals, or collecting information on one individual in a central location. However, the concern was one of general access and how community health files could be misused. The group was split on how this might be handled. Discussion focused with classifying different types of information with various access codes which limits who can gain access to what type of information. There was general agreement that certain information such as immunization histories could be standardized and integrated.

Strength of Response

Moderate

3. When an infectious disease that could pose a harm to you is present in the community, what do you want to know about it?

a. How do you want to find out about it?

b. If you are the person with the infectious disease, what do you want people to know?

c. How do you want them to find out?

The key themes that the participants want to know is what type of infectious disease it is, what ramifications surround it, how it can be contracted, and how to get rid of it. In terms of how they want to find out about it, they do not want to find out in the newspaper as a newspaper article, but they do want to find out it as an advertisement placed in the newsletter. They believe that this ad should be written by the health department, should be communicated through multiple channels from the health officials. This will help ensure that it is accurate and will be perceived as coming from knowledgeable sources. At that point, multiple channels such as news broadcasts, television news, radio broadcasts, and newspapers can be engaged. In addition, information prepared by the health officials can be sent home from school with children and can be distributed at community centers, local libraries and through use of the Internet.

Participants indicated that if they had the infectious disease, they would want others to know how it was contracted; they would not want others to know their name. They would want others to find out about the infectious disease by different sources, depending on the disease itself. Some individuals stated that they would want to be notified by the infected person themselves and others said they would want to be notified by the health department.

Strength of Response

Strong

4. Many adults with mental illness or other mental disorders have been cared for at home by their families. As their caretakers age and die, these people lose their lifelong support system.

a. What is the community's role in caring for these people when their caretakers can no longer do it?

b. Who, if anyone, should pay for this care?

Respondents indicated that the community's role is to take care of these individuals. However, much of the compassion and feeling of being in touch with others has been lost, particularly with the computer age. More interaction with one another is desired. Some participants indicated that much of the mental illness is in jails and is not cared for well there. Thus, a look at the entire mental health system is important to do. A general theme with the group was to educate caretakers and others ahead of time about what they may need to be doing and planning that they need to be undertaking. Thus, a crisis response can be minimized and a prevention response implemented. Participants also indicated that taxes are already paying for these services.

What is necessary is to prove whether or not people are better off if they live some where else than at home and/or with a caregiver who is a family member. The caution offered by some participants was that care needs to be given about infringing on individual's rights; they said it would be nice to redirect efforts to take care of the mentally ill and recognize that not all of them are able to make the decision that they need to. One individual cited that there are not enough group homes to handle the people with mental retardation and physical handicaps who cannot care for themselves and that these people need assistance with education and planning.

5. What education, advice, and supervision should be provided at exercise facilities in our community? (fitness centers, recreation facilities, and schools)

a. Who, if anyone, should provide this service?

The resource assistance that should be provided in exercise facilities is that

individuals need to be trained in the schools that physical education teachers are trained and exercises that are safe and those that are not; generally the participants agreed that personnel need to have an educational background in sports training or physical education. These individuals should be provided information about where to go for more information and more specialized services for patrons who might desire that. The group was unanimous in their desire for licensing for these individuals to guarantee that they do have the correct background. Thus, those who provide the service must be licensed.

Strength of Response

Moderate

6. Motor vehicle crashes are the number one cause of death for people under the age of 44.

a. How important is this issue in our community?

The issue of motor vehicle crashes is extremely important; this is a unanimous opinion by respondents.

b. Is graduated licensing for new drivers an effective way to prevent motor vehicle crashes? Should it be instituted in our community?

Graduated licensing is appropriate for younger drivers and should be used with them. With the younger drivers, they thought that overall there should be some range of graduated licensing standards, whether it is hours of the day or who needs to be present in the car (parent) or the number of hours spent driving with a parent or an adult prior to award of the license. Overall there was unanimous opinion about this. Licenses may be more restricted when used more recreationally. For older drivers graduated licensing may be considered also. The participants indicated the desire for more stringent standards, an eye exam, and perhaps a road test for these older drivers to test reflex time. With respect to DUI issues, the belief was that much stiffer sanctions should be offered among the participants present among those who violate the law.

c. Is mandatory seat belt use an effective way to reduce motor vehicle crash injuries and deaths? How should seat belt use be enforced?

The mandatory seat belt consideration was viewed positively by the group. They felt it is an effective way to reduce motor vehicle injuries and deaths. They also felt that the law should be enforced by giving individuals tickets. Further, the group indicated the driver should be responsible for others in the vehicle not buckling up. There were some individuals who felt that drivers should have the freedom to do what they want, but the general belief was that this should be enforced. One person suggested that seat belt use should be enforced by the driver refusing to move the car until everyone has a seat belt attached.

d. How should we (community, agencies/organizations) ensure that children are riding in the appropriate restraints? How should we

make sure that the restraints are used properly?

The best strategy is to have periodic stops and have tickets issued when children are not buckled in properly. They also thought that community checks should be offered to make sure that child safety seats are properly installed. More education is needed to prepare individuals with the skills to properly install the child safety seats. In addition, car seats could be offered at hospitals when children are born. Options may also be available for education through pediatricians and libraries. Videotapes can be prepared that are distributed at the point of sale, as well as at the Department of Motor Vehicles; further, those who sell child safety seats could help the consumer install the seat properly. Participants cited the value of having demonstrations at safety fairs. At a safety fair people could participate in a challenge to identify which of these seats are installed properly and which ones are not. It is like taking an IQ test.

e. Should the use of bike helmets be mandated? If so, who should be required to wear them?

Participants believed that bike helmets should be required and that everyone should be required to wear them. The cost of a head injury is just too high. The question, however, is whether the citizens have the will to actually enforce this. There is limited respect for authority cited in the region, and it is important to work more closely with one another and to network with one another. In a related issue, participants also suggested that helmets should be required when people are roller-blading. Further, people should routinely use safe hand signals when biking, roller-blading or skateboarding. They emphasized the importance of promoting personal responsibility for safety. Through this teamwork, it promotes community and reduces the basic concern about that's my child as well as don't speak to my child. In summary, while there is a tremendous emphasis upon responsibility, there is also an emphasis upon citizens demonstrating more care for one another.

Strength of Response

Moderate

7. Many agencies are responsible for Food Safety.

a. Do you believe that Food Safety inspections should all be performed by a centralized agency for all elements of the Food Industry? (restaurants, food stores, suppliers and growers)

b. Should the inspection agency or agencies be local, state, or federal?

Overall the inspections should be conducted by the government at the state level. In addition, participants also recommended that agencies and stores self-monitor the food safety, as well as having an outside contractor to oversee the site. Attention should be given to looking at the entire food chain from growing in production to distribution for purchase by citizens. Thus the state agency that

is responsible for monitoring this should work with the agricultural department as well as local stores. There may be some involvement at the federal level where things can be referred. Overall, the responsibility is at the state level. Their view of the county office is that it should be part of a state health department. Generally the belief, based on the participants, was that things should be left the way they are.

Strength of Response

Moderate

- 8. To what extent do non-profit agencies duplicate services already being provided in the community?**
- a. Is this duplication appropriate?**
 - b. To what extent should these agencies provide clinical services? (What kinds of clinical services?)(What should these agencies do?)**
 - c. To what extent should these agencies provide health promotion services? (What kinds?)(What kinds of health related activities should they be involved in?)**

Participants generally did not have a clear assessment of the extent to which duplication of services already occurred. They believe that some is probably going on, but they did not know. Regarding clinical tests, they believe that agencies should provide general care and tests on issues such as blood pressure and cholesterol. Regarding health promotion, there should be much more on public health and more health promotion services for the public, particularly for young mothers and for children. While more should be done, attention should be provided to not having duplication. Participants generally felt that there are so many needs not being met, such as dental services for adults, the WIC program, and free clinic services.

Strength of Response

Moderate

- 9. Wellness activities are a personal choice but can have consequences for others in the long term.**
- a. Should the community be accountable for wellness activities or should they be the responsibility of individuals?**
 - b. Should the community pay for the consequences of poor wellness choices?**

Participants stated that it was critical that a community must offer wellness activities. While the community is not always responsible for other people's choices, the services should be made widely available. Schools should provide

much more than physical exercise and healthy nutrition. They must also enforce their rules and start young people with healthy living, defined broadly. The participants felt that while things must be offered citizens must make their own decisions about services that they use. The community is not responsible for taking care of people who do not promote their own wellness. However, greater attention should be provided so that individuals want to invest in their own health.

Strength of Response

Strong

In addition to the above responses the participants felt that the findings generated through this process of conducting focus groups should be published widely for public and private agencies and that the feedback process that has been generated through the focus groups should be continued in an on-going way. They felt that by writing these up and making them available, many people can see what is going on and that even more feedback can be generated with on-going input and opportunities for participation.

General Public 5: GarField High School, April 14, 1999

Group Level Information

Bias: No bias

Effort/Involvement: Strong

Demographics: Gender=6F, 4M
Age range=37-51
Race=10WH
Income=2(40-49000), 2(50-59000), 2(60-69000), 2(90-99000),
2(100-125000)
All insured

Size: 10

Facilitator: David Anderson

Question Level Information

1. Do you feel that you have access to high quality medical services in Prince William?

All respondents reported that they felt that there were high quality medical services in the county. Sometimes transports were necessary out of the county, but the personnel located in the county were of high quality. Some concerns were expressed about facilities occasionally being limited, but they were very pleased with their personnel. Respondents may wish to have changes with increased facilities locally.

Strength of Response

Strong

2. Data on certain health problems is needed in order for the public health system to run efficiently and to safeguard the health of the community.

- a. What data would you be willing to share for public health needs?
- b. What restrictions would you place on the use of data?
- c. Who should have access to this data?
- d. How much data should they have access to?
- e. When a person is receiving services from a number of different

agencies, how much information should be shared between those agencies?

f. Are there circumstances (such as those directly affecting the safety of the community) where data should be shared or released without your consent?

g. Who, if anyone, should enforce these rules?

Responses were varied because of the diversity in the questions and many of the circumstances. Overall, it was felt that greater discussion would be needed to look at the range of circumstances and conditions surrounding the issue of data. Participants in the focus group felt that the question was very applicable because it addressed their personal and private information. They expressed great concern about how it might be misused. The general direction of the group was for attention to a proper procedure. They were not advocating any particular change or no change but clearly defined procedures and policies that are followed. The intensity was strong as the group had deep feelings about the use of data and the confidentiality incorporated in private data. The general consensus for the range of questions about data and sharing of data were as follows:

- Generally there was consensus that they would be willing to share whatever data is needed as long as it is done in a way that is anonymous and appropriate and that the data is indeed needed.
- The consensus was that there was not a need to withhold data if it was needed and handled according to specified conditions. The conditions have to do with anonymity and privacy, as well as the proper use of the data.
- Their general theme and principle was that extreme caution must be used and there should be no identifying data that refers back to individuals or their family.
- Areas where they felt further attention needed to exist (where no consensus was reached) was the sharing of data across agencies, as well as the situations involving the emergency rescue and how the information needs in those settings should be addressed.
- There were also questions about whether the data should be in one place and consensus was not reached on whether the data should be in one place.
- Ultimately, the theme of enforcing the confidentiality of data was one that was strongly held. The enforcement should be handled by the agency with the responsibility for the data and which serves as the repository site for the specific data.

Strength of Response

Strong

3. **For many reasons, such as tracking infectious diseases and monitoring the quality of medical care, information about you is collected and shared between private corporations, providers, and government agencies.**
- a. **How, if at all, should this sharing be regulated to protect your privacy?**
 - b. **Who, if anyone, should enforce these rules?**
 - c. **Under what conditions (such as those directly affecting the safety of the community) should this information be shared and/or released without your consent?**

Participants were quite involved with this question as they felt that it was applicable to them as citizens. Overall the group position was that any data tracking should be done with guarantees of anonymity. They felt that tracking should be regulated by statute. They also felt that a citizen should be able to request those to whom the information was released over the past period of time. Overall, the group felt strongly about these themes of anonymity and control of data.

Consensus was reached about this theme of anonymity and data control. They also felt that a fair health reporting act may be wise to include. Oversight and enforcement of this should be done at the local level where local agencies are implementing the enforcement. Oversight, however, would be done at the state level. Thus, there is a local body which monitors the implementation of regulations, but state oversight which may include audits.

Regarding the issue of under what conditions information on infectious diseases and quality medical care should be shared without release or consent. The consensus was that this is appropriate when there is a definite risk to the rest of the population. They also felt that data could be shared with qualified university research staff who should have access to statistical data. Again, the condition of data sharing which is unobtrusive and anonymous is appropriate.

Strength of Response

Very strong

4. **In our community, insurance coverage for inpatient substance abuse treatment is very rare. At most, a person has coverage for inpatient detoxification and limited outpatient counseling.**
- a. **To what extent should substance abuse services be covered by health care plans?**
 - b. **Who, if anyone, should be responsible for providing these services?**
 - c. **Should these services be available repeatedly for those with**

- recurring abuse problems?
- d. **Should people without insurance have access to the same substance abuse services?**
- e. **Who, if anyone, should be responsible for providing these services?**
- f. **What roles should various groups play in addressing substance abuse issues?**

The general involvement of the group was strong as they felt that the question was very applicable to them. There was some inconsistency in the response. Some felt there should be a dollar limit per person in terms of services, and others felt that there should be insurance coverage that is not limited and that services provided should be what is specified as clinically or therapeutically appropriate based on the judgment of health professionals. Responsibility for providing services should be whomever is competent, whether this is private services, public services, or state services. Facilities should be located throughout the state in strategic locations. There may be need to be some consideration about whether some limits on services should be considered; there was not consensus reached on this. Some believed that treatment can become a life style.

There was strong consensus that anyone without insurance should have access to the same specificity of services. There should not be separation based on those who had private funding and those who did not. Regarding responsibility for payment for these services, it was agreed it should be handled by a range of groups, including private groups, the community services board, and public agencies.

Consensus was that the roles that various groups play in addressing substance abuse issues should be clearly defined. There should be a comprehensive role for specific groups but they were not defined by the participants, they stated strongly that duplication should be avoided.

Strength of Response

Strong

- 5. **Schools have regulations requiring them to provide nutritious meals to children.**
 - a. **Do children take advantage of these meals?**
 - b. **How do we (community, schools) encourage participation in this service?**

The group felt that this question was applicable regarding nutritious meals for children. There was a general desire for a change in direction on the issues

inherent in this question towards greater balance in food being provided both at home and in the school. The group felt strongly that students do take advantage of the meals. They felt that greater accessibility, such as having food carts in the halls, would be helpful. They also suggested movement towards reducing the stigma associated with using the meals. The issue of limited time to eat and part of which is standing in line limits the current access to food.

They felt that well-balanced food options should be available and that some attention should be provided to food that is offered at home since what they eat at school is a reflection of the nutrition that they have or don't have at home. There was general consensus about the need for greater attention to this, although there were not specific options or strategies identified.

Strength of Response

Moderate

- 6. Many communities rely on Neighborhood Watch and other such programs to reduce crime and violence.**
- a. How effective are these programs at preventing crime and violence? (If not effective, what are some effective ways to prevent crime and violence?)**
 - b. Who, if anyone, should be responsible for crime and violence prevention?**
 - c. What can we (community, agencies/organizations) do to develop a sense of community in Prince William?**

The applicability of this question for these participants was very high. There was general agreement of the importance of this issue and overall consensus about the themes. The group's position was that some change is needed regarding the issues of ways of reducing crime and violence. The use of neighborhood watch to prevent crime and violence was viewed as effective when there is community involvement. Because of the transient nature of the community, it is hard to get involvement so they identified a strong feeling that there needs to be a variety of activities and services for the youth to become involved with. Responsibility for crime and violence prevention is with the county government as a whole, most specifically, the Office of Parks and Recreation. In addition, they felt that families need to be involved in building the community. To specifically build the community, activities need to be offered to get people together. This could include pre-school activities, kindergarten activities, and high school with community service projects. Active involvement through the computer is not community development. There was also attention to encouraging employment so that people can work in areas where they live. This will assist with access to and involvement in the local community.

Strength of Response

Strong

7. a. **Do you believe that enough information about food safety issues is made available to the public?**
 b. **Is this information given to the public soon enough?**
 c. **How could this information be made more readily available?**
 d. **How should the public be notified of possible incidents of food poisoning?**

With this question, the group felt that the issue was very applicable as it addresses food safety. The general feeling was that the direction needs to change so that greater public awareness is provided on an on-going basis regarding information on food safety. The group felt that when there is an urgent need about food safety, the public awareness is high because of the general media attention. However, on a regular basis regarding food safety issues, limited information is made widely available. They did find that there is a lot that is currently done well regarding food safety, such as dating of products and seals on products. Also, the food labeling and labeling of food ingredients is done well. They think that further public information can occur through the use of newspaper as well as other sources of the media.

Strength of Response

Strong

8. **Many illnesses and injuries can be prevented completely or at least made less severe with regular visits to health care providers. However, these preventive and primary care services need to be readily available.**
 a. **What preventive services do you think should be available as part of primary care?**
 b. **Should these services be available through public funds for everyone or should the public only pay for services that will save money in the long run?**
 c. **Who, if anyone, should make these services available for everyone?**

The group felt that the question was applicable and felt that the change was needed in the county. They felt that funding a health clinic would be very appropriate to provide early screenings and public education. By involvement in this type of health clinic, people becoming involved with the emergency room will be reduced. One example of this is the use of the van to provide mobile services. There was a consensus that the materials should be provided in a public way for citizens without limiting it to those who could pay. This universal health care approach was strongly endorsed. One concern with this was the

sense that prevention is one of the services that is first to go when there is a lack of funds. Funding for services should be provided by state and county government, as well as health care companies (which should provide probono) services.

Strength of Response

Moderate

General Public 6: People with Disabilities, 1st Time, April 19, 1999 (later repeated)

Group Level Information

Bias: The group was made up of persons who either had disabilities or were parents or spouses of those with disabilities. They came to the meeting believing that they would be discussing disabilities. Because they were so upset, the Facilitator agreed to answer questions of their choosing. We therefore constructed the questions discussed below.

Effort/Involvement: They were very involved in the session. For every question, there was agreement and strong feelings. The group as a whole was very strongly motivated to get across their points and they were very articulate about it.

Demographics: Gender=5F, 5M
Age range=27-80
Race=8WH, 2O
Income=1(10-19000), 2(30-39000), 2(50-59000), 1(60-69000),
1(70-79000), 1(80-89000), 1(100-125000), 1 (>125000)
All insured

Size: 11 (10 completed surveys)

Facilitator: Gayle Hamilton

Question Level Information

- 1. What are the long-term needs of people with disabilities in our community, including equipment, education, emotional, etc.?**
 - a. Whether to fund the needs of the disabled is determined by Clerks and other non-medically trained people, based mainly on restriction of costs.
 - b. Decisions made about what kind of care to provide favor unpalatable choices. For example, if a severely retarded child is put in a group home, it is paid for. However, if the family wants to take care of their child at home, there is no financial help. This child requires the same care at home as in the group home. The same is true for other injuries, e.g., laminotomy in a spinal cord injury. Sometimes parents have to quit their jobs to stay home and take care of the

child. Sometimes the parents are 80 and the child is 60.

c. There should be alternative treatments. They need to send diagnostic teams out to the home to decide what the needs are rather than just putting them in a fixed program (in a nursing home). Rather than saying "we don't provide that", say, "how can we provide what they need". As it is now, they squeeze you into what is available and, if you don't take it, there is nothing! Rhode Island is a good example of this. They provide whatever services are necessary and just voucher it. A good example here is the assisted living concept rather than nursing home.

d. One family fought Prince William County over her son's visitation. Their services cost \$15,000; the alternative this family suggested (at home, with some vacations), cost \$4,000, an \$11,000 difference. They wouldn't accept it.

e. They should consider scheduling home needs during a specific week where they would send out a mobile unit for everyone who needed it that had testing capability: drawing blood, etc. As it is, they say they can't send a car out for one person. So, the disabled person has to be transported to the office.

f. The biggest problem is hunting for a service. There should be one point of entry in the county - one place where a diagnostic team is available. They also need to be knowledgeable about what is available. If you need adaptive technology, they should know who does it and how much it is going to cost. They should also know how you can get it funded.

2. Are there some long-term services that come up over and over again that aren't currently being met? Could we list them here?

a. Dental needs. They are not provided to children.

b. Better psychotherapy for those with disabilities. Even a person with severe retardation could benefit from counseling or relaxation therapy. It may have to be adapted.

c. There is the whole issue of equipment and the service that goes with it. Who helps a family decide which is the most useful equipment to get? And, getting this equipment repaired (e.g., wheelchair) can be a nightmare. We can spend a lot of time repairing our own wheelchairs.

d. In this area, there aren't many doctors who have consented to, or are willing to, have children with disabilities as part of their caseload. They are very unskilled, especially if you have Medicaid and live in the western Prince William area. You just about cannot get the child to a doctor's service and so you are left with the emergency room where a visit to the doctor would have been a lot more appropriate. Persons with disabilities are bothersome to their doctors.

e. Persons who decide whether a service is covered or not is not medically trained and they make decisions even about whether or not something is an emergency. That could be called "practicing medicine without a license".

NOTE: The whole group laughed at this point and said, "Get rid of HMO's".

f. It is generally agreed that, for the programs through HMO's, as long as you are making progress, you are deemed worthy and given the care you need; once you are on maintenance or once it becomes more preventative (e.g., in wheelchair all day), some people don't get anything; others get very little.

g. Children who are born with disabilities are also denied PT and speech therapy. If they were injured and might recover the skill, then they are covered, but if developmentally they will never reach that skill, then they won't do anything to help that child. They won't even try and strengthen them. The longer you can prevent deterioration through physical therapy the less costly the service is because you are even preventing readmission to the hospital.

h. We need to look at the agencies that are involved in inducing the private sector to do things. Perhaps billing contracts with somebody like a fitness gym rather than trying to start up. Tweak the private sector to do what we need so that the people can have their independence and be in the community. One person expressed concern that gyms wouldn't have the medical expertise but it was pointed out that they could be tweaked to do it. They would be interested if they had tax credits. We shouldn't be looking at the difficulties of why something shouldn't be done; we tweak the system to do it and let them solve the problems. We have to do something. The CSB will tell you they can't do it. You could do it more cheaply by paying an existing gym.

i. We need to focus on the deterioration that can take place with physical problems that people have in the long run. And we have made changes. Ten years ago one person suggests that she had to pay \$75 per month to buy blood-testing equipment for her diabetes. Now it is given out free and diabetics are asked to do their own testing

j. Housing is not available to people with wheelchairs.

k. *Summary by Facilitator:* Two things have been co-mingled here -- one is needs and the other is how you go about managing the needs. Here is the list of needs that I have heard:

- 1) Treatment of pressure sores, bladder problems, respiratory problems.
- 2) Respite care for families that are taking care of kids.
- 3) Dental and hearing needs, as well as foot care.
- 4) Psychiatric or counseling needs.
- 5) Repair of adaptive equipment or how to purchase adaptive equipment.
- 6) Doctors who are insensitive to the issues.
- 7) Someplace to turn for good quality advice.
- 9) Physical therapy, occupational therapy, and speech therapy for prevention of the worsening situation or for ongoing maintenance.
- 10) Transportation and housing for people with wheelchairs.
- 11) The use of voucher systems, perhaps through the private sector,

for individualized needs.

I. Other ideas:

- 1) Have a mobile medical unit that goes out on a certain week and everyone that needs home care gets an appointment that week.
- 2) Follow-up the example of military doctors. They can take two weeks and go to a foreign country and set up practice to help the poor. Why couldn't the reserves come here for two weeks, set up a tent at the fair grounds and give free medical checkups, dental and eye care, etc. for the poor and the disabled.

3. Is the handling of physical problems different than mental health or cognitive problems?

Perhaps in the future we will see people with cognitive disabilities partnering with people with physical disabilities. That's collaborative living. Somewhere people will buy into such a program. There are recurring themes: people with mental retardation have fairly significant incidence of mental health/psychiatric issues and a large number (20%) can be labeled as have post traumatic stress disorder; 95% of those have had significant trauma.

4. What are the health care needs of children with disabilities?

- a. The only difference with adults is who is on the diagnostic team: you need someone who is pediatrically knowledgeable and someone who is geriatrically knowledgeable.
- b. Parents need education and support. With children, all of the effort is through the educational system. There is not connection with health care. They have nothing (no support) in the community when they leave school. There should be a better partnering between the health care community and the schools.
- c. The problem with kids is that they don't know what their problems are; they don't know that they are supposed to tell somebody they have a problem. Sometimes kids are practically blind and no one knows it until they are 9 or 10 years old. On one such occasion, when they realized there was a problem and gave an eye exam, they discovered that the girl had a brain tumor.
- d. An idea: There are so many support groups out there today on the Internet that we ought to start really accessing them. You can even go to "ask.com" and ask anything you want. One person in the group looked up diabetes when she was diagnosed and got a 28 page book off of the internet; then looked up Lyme disease when she was bitten by a tick. The only problem with this is that fewer families with disabilities have computer access. Physicians would find this helpful, too, to look up resources for their patients.

It is so important; when you are on the computer, you are equal to the others; no

one knows you have a disability. Another story was mentioned in which a grandmother, 88 years old, had an injury and had to stay at home. With the computer, however, she was able to talk with her great grandchildren and her life was greatly expanded. With Internet access, the persons with disabilities can actually get an education and interact with other people. And, people need to be taught how to use computers. This could be set up by the diagnostic team, who would order computer education, or by having NOVA do an service -- there are a lot of volunteers at NOVA. By contrast, the system would have to send someone out to evaluate you to make sure you really don't know anything -- and that costs something.

5. What type of facilities are an option to personal assistance services?

Partnering and partners. The pay is so low for personal assistance people that they can't afford to live off of it; so it is hard to find someone dependable.

a. Adapt nursing homes, institutions for the mentally retarded, and other existing facilities, to better address the needs of people in the communities.

Perhaps nursing homes could be assisted in sending out staff to provide home services. We should do this rather than develop new facilities.

b. Make our emergency services 24 hours a day with live people in them. For example, the CSB provides crisis services for substance abuse and mental health; the police get stuck with somebody they don't know what to do with. This would be a facility that people would buy services from -- programs.

c. We need volunteers who could be trained in how to take care of the disabled come into the home for short periods to help families with respite care or special needs (such as painting the home).

d. Have day programs and small clinics.

e. In Maryland a woman formed a group home for the deaf and hired deaf individuals to run it. After a two-year study, they found that the morale was much higher than in other group homes. Also, the disabled were able to be a part of the system of caregiving.

f. Doctor's attitudes and knowledge need to be changed. That requires changing the attitudes and knowledge of their professors rather than focusing on them.

g. In the disabled community, we are also divided, with many differing opinions on what to do, especially in the deaf community and in the spinal cord injury community. When we are divided, we can't effectively fight battles on our behalf.

h. One woman, an incredible manager on her husband's behalf, described putting together a team for her husband. And the team members have been with her for 15-17 years, including: a respiratory doctor; a counselor; a spinal cord injury doctor (the #1 doctor); various specialists (e.g., ear specialist). She has 6 medical specialists on the team; since she has worked with them for a long time,

they go to bat for her. The group suggested that she should be hired to manage a triage center for the disabled in Prince William County. She is also the person that was very familiar with the chat rooms on the Internet. She has gotten calls all over the country for help because she put her number out there in order to be helpful to others.

6. How can you influence the Medicaid system to insure equal access?

a. Work with existing advocacy groups to educate them on the needs of people with disabilities so that they become more amenable to the kind of support that our people require.

b. We have to first get together and collaborate with one another if we are going to make the system change. We need to stand united, without hidden agendas. There is a very definite attempt by legislators and all Federal and State offices to fragment the disability community as much as possible. They also try to throw the disabilities in with the elderly. The elderly are a short-term problem. This fragmentation problem comes from the insurance companies; legislators are very much influenced by insurance.

c. The problem with these Medicaid systems is that, once you are in, you're in and there is no program follow-up to check on you and see if they are providing quality care. You could find somebody that is 10 times better that can meet your needs, but if they're not a provider in that little system, then you can't use them.

d. There should be some conformity among states regarding what services are provided. There is quite a big of difference between states now. In fact, some families with disabilities actually move to a state that has a particularly good system for their disability. One person gets calls from families who are wanting to move and they are trying to find out what services are in Virginia and, specifically, in Fairfax. Workers Comp in Virginia is considered the lowest in the country because the legislature is very insurance oriented. The insurance companies play one state against the other. The Department of Labor monitors this situation and, in 1980, made 19 recommendations for bringing the systems in all the states up to par. They have only implemented 10 in the past 20 years later. But it is the insurance companies who influence a lot of the medical decisions in different ways.

General Public 6: People with Disabilities, 2nd Time, August 18, 1999

Group Level Information

Bias: The group was made up of persons who either had disabilities or were parents of those with disabilities. They came to the meeting believing that they had been told they this "was a round table meeting for the disabled", but, in reading through the questions, realized that there were no questions about disabilities. They were very upset and felt that they had been misled. They agreed to stay only if the Moderator gave them a chance at the end to voice their concerns on the topic they came to discuss.

Effort/Involvement: They were moderately involved. More interest was on the discussion that would come at the end.

Demographics: Gender=5F, 5M
Age range=27-80
Race=8WH, 2O
Income=1(10-19000), 2(30-39000), 2(50-59000), 1(60-69000), 1(70-79000), 1(80-89000), 1(100-125000), 1 (>125000)
All insured

Size: 10

Facilitator: Gayle Hamilton

Question Level Information

1. What does it take to make a healthy community?

Good guidance/communication, participating and concerned community residents, and quality services that are available for everyone. Being well informed was another issue the group felt was important for a healthy community; they also felt that there was a fair amount of cover-up of important issues, such as availability of guns in the schools. There are services that aren't available for certain income groups, ages, or disabilities. There was agreement that these are the top three issues that cut across unavailable services.

Strength of Response

The group had good consensus on these issues.

2. Virginia has decided that the Department of Health should monitor the quality of services being provided by managed care programs.

a. What should this include?

b. How should it be accomplished?

Are there qualified doctors and medical staff? Is the equipment up-to-date? Is there denial of services for cost-cutting purposes? Is there coverage for disabled services? Is there excessive unnecessary paperwork? There are many things they won't cover, such as all of the services in a chain of services (e.g., an artificial eye when the eye has been removed); not taking off a growing cyst because it is considered cosmetic; no x-ray for orthopedic problems (this should be an implied part of any visit to an orthopedic surgeon). They are geared toward normal health issues, making the services insensitive to the disabled.

Strength of Responses

The group felt very strongly about these issues. All felt that the services were poor, especially for the disabled.

3. Some diseases, such as tuberculosis, can pose a risk to the community if an infected person refuses to take measures to protect those around him or her.

a. What rights should the community have to limit the activities (quarantine or isolation) of such a person?

b. Under what conditions and supervision should these community rights be enforced?

c. Who, if anyone, should enforce them?

There was general agreement that the community has a right to isolate and quarantine a person with TB. Further, the group felt that this should be a primary objective of the Health Department, to include supervising and enforcing it. The group felt that it was important to be protected from this problem, by any means.

Strength of Response

There was very strong support and consensus for this position.

4. Research shows that most substance abusers begin using alcohol or drugs early in life.

a. Whose responsibility is it to teach and counsel children?

b. What is the best way to prevent substance abuse by our children?

- c. **Should all children receive substance abuse prevention or should these services be targeted to high-risk children?**
 - d. **How do we (community, agencies/organizations) best get messages to children?**
 - e. **What messages do you think they are hearing?**
 - f. **What many resources should we be devoting to prevention?**
- Intervention? Treatment?**

The group felt that parents have primary responsibility for the substance abuse of their children. It "starts at home". To expect someone else to do it is unreasonable. Parents are turning it over to the schools and communities today. But they need the education, too, to be able to be effective. And, it is their responsibility to go out and find the education. There are lots of resources on television, in doctor's offices, in libraries, in the schools, in grocery stores. Schools and communities should reinforce what goes on in the homes.

The best way to prevent it is to be around the parents. All children should receive the education, regardless of person risk. It should start from the first grade on up. There should also be more activities: churches; Boy Scouts and Girl Scouts; Boys and Girls clubs. All of these groups should include the messages.

Currently they are getting mixed messages. For example, youth hear the anti-drug messages; then they walk into school and see the dealers who now have all of these material things -- money, clothes, cars, performance in sports. Or, you have to walk around with a fifth of rum and take a swig in order to belong to certain clubs.

The group felt that resources should be given equally to prevention, intervention, treatment and enforcement (this was added by the group). If there were more money in prevention, it might be an easier job than that of getting them off of drugs. Start at very young ages. And have tough penalties for drug use. Make the toughest punishment you can possibly make within the confines of the law -- so that they don't want to do it again.

Strength of Response

There was general agreement on all responses to this question. It was a group that was rather uninformed about these issues and, until pushed by the moderator, did not consider various issues such as their inconsistency between having parents be responsible and acknowledging that parents didn't have the information; or saying that parents were responsible but insisting that the schools provide early prevention services.

5. **Preventable illnesses can have a great impact on workplaces due to employee absences for personal illness or a child's illness.**
- a. **What can we (communities, agencies/organizations) do in our community to decrease the impact this has on the workplace?**
 - b. **Who, if anyone, should be responsible for addressing this issue?**
- Sick children shouldn't be sent to school and workplaces should be more flexible about parents having to stay home to be with the child. If not flexible, then the community needs to take care of the sick children at home. As it is, if you stay home, you lose your pay and many people can't afford this. There should be something in the Family Leave Act to help with this. The Federal Government just passed legislation enabling federal employees to have more time off if they donate an organ or bone marrow. It could be something like this. In other words, build in incentives.

Strength of Response

There was consensus on this issue and a fair degree of urgency about it.

6. **Every year guns are responsible for a number of unintentional and intentional injuries and deaths.**
- a. **Is gun safety an important issue for our community?**
 - b. **Is safety regarding other weapons important in our community?**
 - c. **How should we address this issue?**
 - d. **Who, if anyone, should be responsible for addressing it?**
 - e. **Should there be punishments for parents and guardians if their children injure someone with a gun?**
- Gun safety is a very important issue for the community, as well as knives and arrows. There should be education by parents and the school about guns. Parents are very responsible if the child is young. But it is difficult to hold the parent responsible if the child is 18 or older because they aren't legally responsible for them. There was a discussion of legislation but there was disagreement on this. Some said that there was already too much legislation, with too many loopholes.

Strength of Response

There was consensus on the importance of the issue, but not consensus on who is responsible and whether or not legislation is important.

7. **a. Do you feel that food inspections or regulations should include private organizations? (civic clubs or religious institutions)**
- b. To what extent should they be included in inspections? (limited to functions open to the Public at large such as fund raising dinners or**

for all functions).

The group was uncertain about many of the issues and spent some time questioning each other about the facts. Ultimately, the group decided that, if there were money raised and the general public was invited, then "yes", they should be inspected and regulated. This includes stands in the malls. If it were private, with no money raised, the "no", they should not be inspected and regulated.

Strength of Response

There was ultimate consensus on their conclusions, but it wasn't an important issue to them.

8. In our community, a greater number of the uninsured poor population has the ability to receive health insurance for their children.

- a. Should uninsured families, unable to pay for medical services, be required to apply for public insurance programs before being accepted for "free" care in the health department, free clinic, or emergency rooms?**
- b. How can these agencies make sure that those children who qualify for this program are enrolled?**
- c. How can the information be disseminated such that those who qualify become enrolled, but also understand how to utilize this program for their children?**

The group was confused about this question. They felt that a greater number of the uninsured poor does *not* receive health insurance for their children. Someone volunteered that he/she had read in the paper that there is now more insurance just for kids, mainly for inoculations. This is a public program, not private insurance.

The group did feel that families should apply for public insurance programs before walking into a free clinic, but they weren't entirely sure what the difference was.

The group ideas on making sure that children who qualify are enrolled include: start when they are born in the hospital; through Head Start, Day Care Centers (though they might not be in Day Care), libraries, grocery stores, churches, pre-natal programs, unwed teenager projects, etc.

Information could be disseminated through mobile units that could register people for services. This is good because the mobile units would know where the poor people are and because most of the poor don't have transportation.

Omni Link would be a good place to start.

Strength of Response

The group was very confused about this question; thus, they were "groping" for responses. There was little intensity and little consensus; there was, rather, a string of suggestions on which there were disagreements.

Concerns About Disabilities

This is the section promised them once they finished the questions.

The first major concern expressed was that mentally retarded children are graduated from school and then there is no other place to go; they have nothing to do. And they get self-destructive when bored. These are profoundly handicapped children who can't function at all. There are no jobs; there is no day care; and there is no respite care for the parents. Life ends at age 20: there are no programs of any kind for those with disabilities.

There needs to be money to expand staff and space for programs because, when the kids get in them, they stay. So the places get full to capacity. Some are left at home alone because the mother has to work. They start hitting themselves. They need a place to go outside of the house for activities, some socialization.

This is a problem that isn't being recognized by the people who need to be recognizing it, like the Services Board. It is up to the CSB to go to the General Assembly and bring it to their attention so that funding could be made available. It needs to be at the county level, too.

Because of this problem, parents have gotten together as a group (the Association for Retarded Citizens, which is 35 years old) and petitioned the CSB. Everything has to be fought for.

Five years is an average amount of time to re-skill somebody that just got a disability so that they can work again. A participant, the wife of a blind man, said that she has the perfect job for her husband: as a government shredder -- he can't reveal any secrets. The philosophy today is that these people should be improved, not institutionalized. So they are closing the institutions. They want the disabled in group homes; they want them in the community; but they don't improve. If someone is mentally retarded, there is a certain point where they can't be improved any more.

One idea is that several families could start when their disabled children are young and swap children one or two days a week. So then each could work several days per week. But it is difficult to find a job two days per week.

They have no respite time and have to manage the disabled person themselves, often running home during breaks to turn them over, etc.

There was discussion about getting grants, but the group was reminded that they were good for the short-term but not for the long-term. People are on salary and so you need to keep finding grant monies all of the time.

General Public 7: Stonewall Jackson Middle School

April 22, 1999

Group Level Information

Bias: The physician in the group had the most to say and appeared to be on a more sophisticated and "interested" track than the remainder of the group.

Effort/Involvement: The group members were involved, but definitely overshadowed most of the time by the physician.

Demographics: Gender=3F, 1M
Age range=37-59
Race=4WH
Income=2(40-49000), 1(60-69000), 1(90-99000)
All insured

Size: 4

Facilitator: Gayle Hamilton

Question Level Information

- 1. What has happened in this community in the last five years that has had the biggest positive impact on your health? What has happened in this community in the last five years that has had the biggest negative impact on your health?**

Positive Impact:

1. Kaiser Permanente moving into Manassas.
2. The county offering immunizations for out-of-country travel.
3. The local stores (Giant, Shoppers, etc.) giving flu shots.
4. We didn't get that trash burner for our area.

Negative Impact:

1. Pressure to go to work even if you are sick. It spreads the infections around, both at work and at the schools. This has gotten worse.
2. More ethnic diversity occurring; these groups may not be as conscious of health measures, or public sanitation. They have stacks of trash in the back yard -- are like small jungles -- they attract rats, possums, etc.
3. A lot of people in the neighborhood don't speak English so they can't read

materials you hand out, such as the American Heart Association materials. This is happening in the schools as well -- all information has to be in three or four languages.

Strength of Response

Participants didn't have a lot of investment in this question. Different individuals made each of the points without reinforcing the earlier comment. The most consensus expressed was on Kaiser Permanente moving into the area and the local stores giving flu shots.

2. There are many government system structures within our community. Prince William has functions that are performed by local agencies, state agencies with local agents, state agencies without local representation, regional agencies, and federal agencies. What system structure do you think provides the most reasonable tradeoff between service and accountability?

Local representation is the best because they are aware of what is happening. State and regional agencies are good for communicable diseases and food production, where food is produced in one part of the country and then shipped all over. It is the same with environmental issues. The local systems then must be accountable to the federal and state agencies and input is needed from all of the levels. Actually accountability goes both ways.

It would also be nice if there were more coordination. For many families, members are spread out over the country. We need a way to check on them if they are ill or elderly. Someone suggested that United Way fills that function.

There needs to be more scientific accountability where people become educated about these issues: such as parts per million of chloride in their drinking water posted; or contaminants in parts per million put out by X industry, with the safe levels posted so that all can see. This is also important for the costs of various services -- education or health care. What does it cost to get an ear checked or to educate a child in a Cigna program? How many students in a classroom? What is the student-teacher ratio in each school? There was agreement among the 5 persons present on this idea.

For accountability, the computer may be the answer. Some in the room suggested that it would be nice to have access on the Internet to know what is going on in public health statewide. Are we having outbreaks of tuberculosis? Perhaps get a bulletin every month with an account of cases and all of the counties that the cases of communicable diseases have been reported in.

It is important to know who is providing the report. Could we trust a report from the water supply? From Dominion Semi Conductor's Lab that there are no contaminants in the water in Manassas?

Strength of Response

The physician had the most to say about this question, though there was an expression of concern from the group about the issue. There was consensus among the group that computer access to information about public health matters would be very desirable.

3. Immigration and Naturalization Service (INS) is supposed to prevent people with infectious diseases from immigrating into our country. However, this regulation is often not enforced which results in infectious diseases being brought into our schools and communities, ultimately costing our system money.

a. Should INS be able to overpower a state's ability to control infectious diseases?

The group's question was: how could INS overpower the state's ability to control infectious diseases? It would have to be by not screening well. Nobody screens people getting off of planes. The group as a whole didn't understand how people are screened now. Their perspective was that the biggest problem is with illegal immigrants. They perceive that this is where the diseases are coming from. They don't have the immunizations. The group felt that there was no accountability for the situation.

b. How should these regulations be enforced?

By being willing to undergo spot checks of their papers at roadblocks in this country. This is a problem because the cheap labor is so appealing that companies are willing to risk the extraordinary penalties for hiring aliens. It is amazing that we cannot keep people from immigrating because they have HIV/AIDS, but they can't come in if they have TB. They have to be screened and treated. You almost need underground nurses and doctors to check illegal immigrants and help them without reporting them. This is happening in some places, like the Free Clinic in Erie that works with the Guatemalans. They make trips to Honduras and work with those who come in to get their kids immunized. It's very underground. It isn't a formalized sanction; they are given "sanctuary". This is done mostly by volunteers at churches and schools. There was some discussion about how one could report a disease problem (for instance 15+ people living in a house) and who one would report it to? Perhaps the Health Department; perhaps the Sanitation Department. No one really knew how to do it and felt that they would get the "run around" anyway.

Strength of Response

While the group felt that infectious diseases being brought into the system was a critical problem, the group members in general were unfamiliar with the issues and therefore had difficulty in commenting on the questions.

4. In our community insurance coverage for inpatient and residential treatment for substance abuse has declined so dramatically that correctional facilities are considered by many to be the best source of this type of treatment.

a. What does this say about a community's view of substance abuse and substance abusers?

Mental health in general is viewed as not as important a problem as the physical problem. It is still seen as a moral problem. Insurance doesn't pay and costs are inordinately high. Inpatient treatment can be \$50,000 per month. There was a lot of detail about this expense, detailing the reasons for the expensive nature of inpatient care. The group felt that perhaps it would be better to have a bootcamp type of atmosphere, or a school atmosphere that should be less expensive, where part of the day is dedicated to working on the abuse problem and the rest is dedicated to school. There was a brief discussion of prevention that wasn't supported.

b. What should we (community, agencies/organizations) be doing in our community to treat people with substance abuse problems?

We need to turn our attention toward prevention. We have the DARE program and we have a resource officer who is identifying high-risk kids. Rather than having abusers in a correctional facility, there should be another way: a way to keep them from abusing and still keep up with school.

Strength of Response

There was a long discussion of this question, but it was essentially group members asking the physician questions. Few knew much about treatment or prevention of substance abuse. They definitely felt that inpatient was too expensive and that there needed to be a less expensive alternative. And there was agreement that attention needed to be turned toward prevention.

5. What would you, as an employee, do if you thought there was something unsafe in your workplace?

One person shared that she had noticed some unsafe issues (doorways opening inwards, no lighted exit sign), but she was ignored by her supervisor. She even sent an e-mail which was ignored. Another person shared that his suggestions were heeded by his Supervisor and his office now has security buttons on either side of the elevator bank. Screening memos are sent out constantly and they

have an employee assistance counselor that is available for any issue. You can get attention if you mention OSHA or that you might be getting Carpal Tunnel Syndrome. Get media attention. One person suggested that there should be financial compensation for high-risk environments.

a. Do you feel that information about safety issues is easy to get in your place of employment?

The risks should be posted and then you look at the risks and decide if you are willing to take them. If you feel you are willing, then don't be surprised at the consequences. The group felt that progress has been made and that there is a lot more consciousness and accountability for safety in general.

b. Do you feel that there would be negative consequences if you reported a problem?

They did not experience negative consequences; though some were ignored.

Strength of Response

There was general agreement among group members on this issue. The differences among group members were in the responses they received from their employers.

6. Many neighbors are confused about how domestic violence will affect them and their neighbors if they call the police with information about suspected domestic violence.

a. Currently, what is the best way for citizens get help for victims and perpetrators of domestic violence?

Some reporting structures are specified; you are accountable if you do not report the violence. Call the county hotline or call 911 and intervene personally: the group reported good responses to both.

b. How effective is the current system for getting help for victims and perpetrators of domestic violence?

They were fairly positive about responses to them; however, they understood clearly that reporting often escalated the violence in the home. So they saw it as an extremely difficult situation to manage.

c. What are the choices for a neighbor when a child shares with them about violence in his/her home?

d. Is the fear of reporting a neighbor a concern in our community?

Group members expressed concern that the party might know who called and they might experience reprisals.

e. How do we (community, agencies/organizations) address this concern?

The group struggled with this issue and couldn't come up with a solution. They did express empathy for the CSB as they struggle to allocate money for needed services. They realized that these are heavy questions and that the CSB must

go through a very painful process dealing with them.

f. How much responsibility does a community have to provide assistance to those victims who leave an abusive relationship?

Participants felt that the community has a responsibility for providing assistance up to the point that they might be putting themselves or their families in danger. There was some fear of reprisals from a violent person. At a minimum, they would make phone calls until they found help. If it were for a neighbor, they might also intervene personally.

g. What services should be provided?

Intense therapy, really intense therapy. Access to getting a GED; job services; a place to live; social skills; marketable skills. Should have prisons for the abusers or prison-like settings. This is similar to the substance abuse problem -- must get the person away from the perpetrator like getting the alcoholic away from the alcohol.

h. Who, if anyone, should provide these services?

Not answered.

Strength of Response

Consensus in the group was strong. However, they had difficulty in finding solutions.

7. The Department of Agriculture is responsible for food inspections and regulations especially when food crosses state lines. This includes regulations for how food is grown and how cattle, fish and poultry are raised.

a. Do you feel that this is sufficient?

The group expressed that they feel safe going virtually any place, including roadside stands. Their main concern was the pesticides and felt that it was their job as consumers to cook and store the meat properly. The group felt that they were getting educated through the media. The date stamping helps.

b. Should State or Local agencies have greater control over food items entering or leaving this community?

The group felt that, since there would have to be inspections of every place involved in food selling, it would have to be a local inspector.

Strength of Response

The group had consensus on feeling that inspections and public education were done well. They felt safe.

8. Prevention (e.g., cancer screenings, cholesterol checks, and immunizations) is the most cost-effective way to maintain good health.

a. Should rewards or penalties be built into private or public insurance

plans to promote the use of these services to prevent unhealthy behaviors?

One penalty that already exists is that the kid cannot go to school without immunizations. If insurance plans had rewards and penalties, it would make you go and find out what to do. Someone, however, raised the issue of genetics. How do you deal with risk there? If you smoke, perhaps you should be lower on the list for a lung transplant? Punishments were somewhat offensive, but the group liked the idea of rewards. There are two different circumstances: one is whether or not you go for preventive care and screenings, and get a talk about quitting smoking; the other is whether or not you change your behavior. People are more likely to do the former, not the latter.

b. What keeps people from using these services?

Accessibility and cost. One person mentioned that what has made HMO's attractive is that she doesn't have to pay when she is healthy and can do a lot of preventive care. Routinely, HMO's do prevention: test cholesterol; call about immunizations, screenings, etc. Some reported that these screenings are provided at fairs sponsored by their work sites. It used to be that there was a school nurse on site full-time and doctors would come to screenings at the school. All kids were screened once or twice per year. If they are this accessible or if costs are low, people will use preventive services.

Strength of Response

Strong consensus existed in the group about the relationship between use and accessibility/cost issues.

General Public 8: Round Elementary School, May 4, 1999

Group Level Information

Bias: Citizens who often lack information; no substantive bias.

Effort/Involvement: Good

Demographics: Gender=6F, 1M
Age range=37-47
Race=7WH
Income=1(50-59000), 1(60-69000), 1(70-79000), 1(80-89000),
1(90-99000), 1(>125000), 1 unknown
All insured

Size: 7

Facilitator: David S. Anderson

Question Level Information

- 1. What health-related services are provided in the community effectively and efficiently? Which services are not provided effectively and efficiently?**
Participants indicated that the community provides a couple of health-related services effectively and efficiently. One service cited was the free clinic. The other cited was the school screenings. A range of services were cited as not being effective or efficient. Among these were the animal control (which was understaffed), pest control (e.g., for mosquito spraying), the allocation of funds in schools (e.g., old schools having ceilings falling in), limited foster care availability, and having only two licensed day care centers for the handicapped. In addition, they cited that bus service was limited as well as information about available bus service was also limited. In addition to the available services, participants cited that those services that are available are not open long enough and always have lines there. Further, they cited the lack of awareness about a range of services. They suggested that information about health-related services be placed in the telephone book as well as on the cable network. Limitations were also found with distribution of medicine in the schools as evidenced by the secretary distributing medicine due to a lack of school nurses. Concern was cited about the landfills moving closer in as well as concern about whether the public is notified immediately about water contamination and toxic spills.

Strength of Response

Strong

2. a. **When you think that food has made you (or your family) ill, how do you go about getting help?**

There are many parts of the process of getting food into stores, homes, and restaurants. They include food purchasing, processing, distribution, preparation, and finally, consumption. The safety of food in the US is managed under Federal, State, and local programs. Many agencies including the Food and Drug Administration, the US Department of Agriculture, the VA Department of Agriculture and Consumer Services and the VA Department of Health, play a part in setting standards and inspecting for compliance with different phases food process.

The first step cited by participants was to contact poison control as well as the physician. Participants also indicated that there may be occasions when they would pass it off and not do anything. They also indicated that it is important to deal with an attitude because proof is needed that the restaurant was at fault and the question remains at what point action would be taken.

- b. **What level of protection does the current system provide for our community?**

Participants indicated that inspections were not very frequent and that self-inspection is the best process to deal with food quality. They did feel comfortable in purchasing meat products.

- c. **How should the government be organized to best provide protection and advice to you?**

Participants felt that the government should organize frequent and random inspections. They also suggested posting information for consumers in a variety of ways: (a) post information in stores with messages such as if you see brown meat; (b) post information about how to cook meats through approaches such as having stickers on packages; & post key points for self-responsibility.

Strength of Response

Weak

3. **An immunization registry is a computer-based warehouse for immunization histories similar to the old paper shot record. The immunization information can be viewed by participating health care providers. This means that each time a person went to a provider, that provider would have access to an up-to-date shot record for that person.**
- a. **If Virginia had a statewide immunization registry would you participate in the registry? Why or why not?**

Respondents indicated unanimously that they would participate in the registry if their doctor participated.

b. Who should be responsible for maintaining the registry?

Participants agreed unanimously that the State Board of Health, or whomever handles vital statistics, should be responsible for maintaining the registry.

c. Who should have access to the registry information?

Access should be made available to schools, doctors, day care centers, camps, and health officials. Generally participants believe that this information should be accessible only to medical personnel and school personnel. Further, they believed that careful controls should be maintained about what sort of information is included in this registry.

d. How should a patient's privacy be assured?

Privacy should be assured by dividing the information into separate issues. Thus, access can be made available based on specific program needs as well as the patient's authorization.

Strength of Response

Strong

4. Every year many infants are born affected by alcohol or drugs because their mothers abused these substances while they were pregnant.

a. How should we (community, agency/organizations) address this issue in our community?

The primary way that the community should address the issue is through education. Participants suggested reaching out to minority and low-income groups. Currently, the person has to leave their culture group to get information. Resources should be made more inviting and more culturally appropriate.

b. Under what circumstances should a community intervene on behalf of the unborn child?

The community should intervene on behalf of the unborn child by having a safe peer mechanism that helps the woman and child. This referral may be accomplished by a friend who assists the person in getting the necessary services. A forced referral may be appropriate if there is a medical diagnosis that suggests that prenatal care is needed.

c. How should a community intervene in these situations?

The community can intervene in several ways. One approach is the church involvement in a neo-natal project. The group suggested that it is not entirely the government's responsibility to address this type of issue; non-public institutions and agencies could provide assistance in situations such as this. In addition, the networking that occurs across such non-profit agencies and groups can be helpful in providing coordinated and non-duplicative services as well as

assisting the referral of citizens to appropriate service agencies and locations.

Strength of Response

Weak

5. The Occupational Safety and Health Administration develops policies to protect workers against many work place hazards.

a. Who, if anyone, should be responsible for educating employers about OSHA policies?

Responsibility should be maintained by OSHA as they would be the only ones to provide such specialty training.

b. How should we (agencies/organizations) monitor compliance with OSHA policies?

Compliance should be monitored through the use of inspectors, as well as employee notification if they have a suspicion of non-compliance. This also can be highlighted during orientation programs for new employees.

c. Should there be a punishment for violations of the policy?

Punishment should exist for some repeated violations; however, the nature of the punishment would depend on the specific type of infraction occurring.

Strength of Response

Weak

6. Community concern for the elderly includes the need for this population to be protected from abuse by a partner or a fatigued caregiver.

a. Which type of elder abuse (partner or caregiver) is of most concern in our community?

The greatest concern is cited for the caregiver as contrasted with the partner. This is not necessarily fatigue, but may just be abuse by the caregiver.

b. How should we (community, agencies/organizations) prevent each type of abuse?

This abuse can be addressed by having a background check and a license for the caregiver, such as is needed for the day care provider. The group suggested having parallel services for child care and elder care. They also suggested having education about local services and volunteer care givers. Further, the suggestion was made to involve physicians with the family in their discussions about addressing the needs of the elderly. Information can be made available at locations such as the hospital, schools, and libraries.

c. What can we (community) do to make sure that the community seeks immediate and appropriate help for individuals who are being abused by a partner or a fatigued caregiver?

Senior centers were proposed as a focal place for respite information and reporting. In addition, recreation centers may serve as this central resource location. Information can also be made available through local hot lines as well as the local police. The group also suggested that it is important to look at both emotional and physical abuse.

d. What is the community's responsibility in providing assistance to the elderly?

Respondents indicated through the suggestions provided with the prior three questions that the community does have a responsibility in providing assistance, again with attention to both emotional and physical abuse. They suggested that this was everyone's responsibility and there should be general public awareness about new facilities and services. They also suggested the need for restructuring since demand is going up, new systems are needed to handle this.

Strength of Response

Moderate

7. Healthy People 2010 has adopted two broad goals for the nation's health: increase the quality and years of healthy life and eliminate health disparities. These goals recognize that individual members of a community may be at risk because of their own particular situations (poverty) and that members groups within the community may be at risk because of their membership in that group (race, gender).

a. Under what circumstances should people be eligible for special programs?

b. How do we (community, agencies/organizations) determine who should be eligible?

Eligibility should depend on the specific program. What is important through this is to screen to determine the specific need. Eligibility should also be based on the fact when the environment they are in can no longer support their living in a healthy manner. Further, the participants suggested the program should be developed based on people's specific needs.

c. How do we (community, agencies/organizations) identify classifications for people in order to determine population needs?

To determine classification, approaches to be used may include polls, hire TV channels, and Internet chat rooms. Disseminating information through schools, canvassing, and use of census takers.

Strength of Response

Weak

8. **In order for health care policies (preventive services, primary care, emergency services, and long-term care) to be developed, data must be gathered to describe the needs of our community.**

- a. **Who should be responsible for collecting the data and making it available for policy makers?**

Responsibility for data collection should be conducted by creating a new entity. This may be through a blend of data from the health department, insurance companies, and hospitals. There will be additional different needs based on whether the review is done at the state, regional, or county levels.

- b. **Agencies in both the public and private sectors must cooperate with one another to develop the appropriate response to a problem once it is identified.**

- c. **Who, if anyone, should be responsible for ensuring that agencies cooperate with one another?**

This may be accomplished through incorporation of a health care database. Caution was raised about being careful about what is already collected, for example, what CDC already has. Concern is raised about clearly defining the source of the information, as well as how current it has to be. For example, medical information gets done faster and should be incorporated more promptly.

- d. **Who, if anyone, should be responsible for monitoring progress after a need has been found?**

Monitoring progress should be accomplished by the agency under which the information falls. An alternative view was expressed that suggests that those public groups that request the inclusion of the various types of information should also monitor the progress about its implementation. The group suggested the formation of a health care police that may be housed in the health department for maintaining this implementation process.

Strength of Response

Moderate

General Public 9: McCoart Building, May 12, 1999

Group Level Information

Bias: Only one participant.

Effort/Involvement:

Demographics: Gender=1F
Age=46
Race=A/PI
Income=1(100-125000)
Insured

Size: 1

Facilitator: Amr Abdalla

Question Level Information

1. **If you were put in charge of the health of the citizens of Prince William what one problem would be your top priority?**

Health insurance for all regardless of any considerations. Access to health needs to made available.

2. **As the health care system changes, employees of the system need to maintain old skills or learn new ones.**

- a. **How should we (the community) ensure that our workforce is competent?**
- b. **Who, if anyone, should be responsible for monitoring its competence?**
- c. **Who should pay for additional training of health care workers when needed?**

Health care workers are responsible to stay up to date on information and training. Licensing should be dependent on completing such training and education. Employees and their employers as well should pay for these services.

3. **Immunizations are one of the most effective ways to prevent infectious diseases.**

- a. In your opinion, what are the major reasons that people do not get immunized?
- b. In your opinion, what are the major reasons that prevent health care providers from giving immunizations?
- c. How would you fix these problems?
- d. Which problems should be addressed first?
- e. Who should be responsible for addressing these problems?

Lack of knowledge is a major reason they do not get immunizations, and access to health care. To fix the problem. Before entering school kids have to have complete immunization. The government does collect taxes, and part of these taxes should be used for preventive efforts. The respondent did not specify what to be taxed, or from which tax pool should the prevention efforts be funded.

4. Women with children often have an additional challenge in getting help with substance abuse problems—care for the children.

- a. What substance abuse services should be available to women with children?
- b. What is our responsibility to the children while the mother is being treated?

Alcohol is the worst problem. Efforts need to be in all areas, schools, faith communities, neighborhoods. Individuals also must take responsibility. Services for substance abuse may also be subsidized to make it available for all.

5. Indoor air quality in the workplace is an issue that has been identified as a concern of today's workforce. The Environmental Protection Agency, National Institute for Occupational Safety and Health, and the Occupational Safety and Health Administration deal with issues that range from infectious diseases to dangerous substances, such as asbestos.

- a. Do you think indoor air quality is a concern within our community? How important is this concern compared to other employee health issues?
- b. How should we (agencies/organizations) deal with this problem in our community?
- c. *(If answer deals with regulation then ask):* Who, if anyone, should be responsible for enforcement of these policies?

I personally enjoy my place of work, with a lot of trees. But for those who have a problem, the employer should be responsible.

6. The environment of Prince William is regulated by Federal, State, and Local authorities. Several new regulations such as auto emissions testing and

pollution discharge permitting have taken effect recently.

- a. What areas of the environment do you see improving?**
- b. What areas of the environment do you see getting worse?**
- c. What can be done to improve our environment?**
- d. Who, if anyone, should be responsible for doing it?**

There should be some rules to avoid lawn and landscaping that is causing too many allergies. Also dumping so many chemicals on the grass adds to the pollution. To improve our environment we need different types of landscaping that will not cause these problems. This can be accomplished via education and media information.

- 7. a. How should we (community, agencies/organizations) identify special population groups within our community?**
- b. How can we (community, agencies/organizations) determine which groups need the most immediate attention?**
- c. To what extent should the community support special needs?**
- d. How should we (community, agencies/organizations) support those with special needs?**
- e. Who, if anyone, should be responsible for providing these supports?**

Leaders of the community should focus on children. Every child has to have access to health care. Many suffer because they have no access to health services. Education in the school system, and after school programs also can help by diverting kids from just spending time watching TV. Also high schools kids may be able to help watching kids while parents are working. Every school needs to have an after school program that all kids whose parents are working can enroll in.

Children are the most important population. They mainly need love. This is the most important need. Here in America kids are starving for care and love. This is why we have drug problems. We are losing so many to HIV. In the third world, they may be starving for food and in need of clothes, but they are surrounded by love and care. This is what we need here.

Individual families and Government are responsible. Just as we have schools, we need to have after school programs.

- 8. The concept of health care as many levels of services from preventive to rehabilitation is probably foreign to most people. How should people be educated regarding the levels of services available to them and how best to use these services for good health?**

We can start in places of worship. We can also use schools and community centers. We can have educational classes in all these places.

General Public10: Brentsville High School, May 24, 1999

Group Level Information

Bias: Only the fact that there were only two participants.

Effort/Involvement: Both participants were involved in the discussion.

Demographic: Gender=2F
Age Range=45-55
Race=2WH
Income=1(60-69000), 1(100-125000)
All insured

Size: 2

Facilitator: Amr Abdalla

Question Level Information

1. **Many illnesses and injuries can be prevented completely or at least made less severe with regular visits to health care providers. However, these preventive and primary care services need to be readily available.**
 - a. **What preventive services do you think should be available as part of primary care?**

Baby checks and immunization. Heart disease and cholesterol. Safety types issues and fitness and wellness.
 - b. **Should these services be available through public funds for everyone or should the public only pay for services that will save money in the long run?**

Saving money should not be the criteria. Needs to be based on need of those who cannot afford the service. May be based on sliding scale. One respondent heard about physicians who are going to use cash-based services, which should help low income.
 - c. **Who, if anyone, should make these services available for everyone?**

The health clinics. Specifically not private physicians, but publicly owned hospitals and locations. Also there is a need to educate the public about where to receive these services. This could be done in recreation facilities.

Strength of Response

Participants seemed in agreement on all aspects of this question.

2. **The misuse of antibiotics creates resistant organisms. This can happen in animals and in people. However, when you have an illness you usually want the most modern treatment available regardless of the potential for long-term effects on the community (i.e., antibiotic resistance).**

- a. **Should we (the community) have policies to regulate the use of antibiotics?**
- b. **Who should develop these policies?**
- c. **Who, if anyone, should monitor compliance with these policies?**

One respondent stated that antibiotics need not be shotgun shells. Everyone needs to get them. They need to be regulated. But not sure who should develop a policy. Probably public and private sectors. Monitoring should be done by public health hierarchy. The other respondent found that monitoring can also take place by local pharmacies. There is no need to have a regulated policy. The physician can make the right decision. Should not be so regulated that it is taken away from hands of the physicians who is treating the patient.

Strength of Response

Respondents took opposite positions on the matter of who should monitor the use of antibiotics.

3. **Many people expect their doctor to use the most modern antibiotics available to treat their illness. Should we (community, agencies/organizations) require doctors to use older antibiotics to slow down the development of antibiotic resistant organisms?**

If the antibiotic is able to work and head off the organism, then it needs to be used. Go to new ones only when the old ones do not work. Just because it is new does not mean we need to use it first or that it is better.

Strength of Response

Both respondents agreed completely.

4. **Evidence shows that many motor vehicle crashes that involve alcohol are caused by repeat offenders.**

- a. **What should we (community, agencies/organizations) be doing to address this issue?**
- b. **How do we (community, agencies/organizations) prevent driving under the influence?**
- c. **How do we (community, agencies/organizations) prevent repeat**

offenses?

One respondent was concerned that we can legislate, penalize, revoke license, but this does not keep repeat offenders from getting behind the wheel unless we can do something technical to stop them from driving.

The other respondent stated that especially with minors, some amount of accountability of parents need to be called into question. Education is very important. Take license away even if they drive again. At least it will have some effect. For repeat offenders, incarceration has its problems as well. The respondent suggested showing them what happens to crash victims. Make them observe emergency rooms and go with paramedics. Make them see broken bodies and real life situations. This could apply to both young and old offenders. Both respondents agreed that making them see the consequences is helpful.

Strength of Response

Respondents agreed on the possible effectiveness of having offenders see the damage that results to people in crashes. The use of technology to keep someone from driving was supported by one and not the other.

- 5. Contaminated blood in the workplace is an issue that the Occupational Safety and Health Administration (OSHA) has addressed since 1992 through the development of a standard policy. Before 1992, healthcare institutions dealt with this problem individually through their infection control programs. In spite of these efforts, healthcare workers contracted such things as Hepatitis B while doing their jobs. The OSHA policy expands the former guidelines to include many workers that are not employees of healthcare institutions. Therefore, there are numerous individuals in our community who could be included in the OSHA Standard.**
- a. Is contaminated blood in the workplace an issue of concern in our community?**
 - b. Is it an issue that is important for employees outside of the health care field?**
 - c. How can we (community, agencies/organizations) make sure that employees are protected?**
 - d. Who, if anyone, should be responsible for ensuring that workers are protected?**

Respondents agreed that if the incident is taking place in public facility that could lead to infecting people, such as in a restaurant, then it is a concern for the community. Even if the exposure is not direct, this should be of concern to the community. There is a need for educating the public, and make them know how to identify these issues and what to do in case of infection.

OSHA does its own investigation and spot check to ensure compliance. Workplaces are required to have plans to educate their staff. Public health should be responsible if the issue is beyond OSHA's scope.

Strength of Response

Respondents were in agreement on all aspects of this question.

- 6. There are a number of agencies involved in protecting and regulating the environment. A few examples include the Department of Environmental Quality, the Department of Health, Fire and Rescue, and Public Works.**
- a. Do you believe there are enough safety measures in place to protect the Environment?**

No.

- b. Is there enough enforcement of environmental regulations?**

No.

- c. Who, if anyone, should be responsible for enforcing environmental policies?**

EPA or DEQ.

- d. How should we (community, agencies/organizations) make sure that all of the agencies working on environmental issues are working together?**

Communication. Are there open lines of communication between these agencies? Do they inform each other of issues? Another concern is about the existence of several wells in the county.

- e. Do you feel that these safety measures in place to protect the environment have a noticeable impact on your health?**

The problem is that it is not clear what safety measures are there. There is need to educate people about what safety measures are in place, before people can evaluate their effectiveness.

Strength of Response

Respondents were in agreement on all aspects of this question.

- 7. As the community changes, the special needs of individuals and groups will also change.**
- a. How should we (community, agencies/organizations) monitor these changes and needs?**
- b. How will we (community, agencies/organizations) know when we have succeeded in reaching and assisting those with special needs (i.e., when we have eliminated disparities)?**

Respondents were not clear on how these people are tracked right now. In

hospitals, doctors? Communication to the community seemed to be the key. Both respondents echoed the need for better information. They emphasized the need to use more than just pamphlets in a doctor's office, but to also use PSAs and other communication avenues.

Respondents also were concerned about who monitors these matters. They were concerned that some people may "fall through the cracks".

Strength of Response

Respondents were in agreement on all aspects of this question.

8. **There are many health issues that involve a choice between an individual's right and a community responsibility. One example of such an issue is immunizations. Policies regarding immunizations have to find a balance between an individual's wishes and community protection. Where do you draw the line between individual choice and community responsibility? How much should an individual's right to choose be honored in policies?**
- In some cases beliefs or other factors may lead people to not do immunization. This must be respected. For example religious aversion will allow you not to have certain immunizations. If it is not epidemic then we need to respect individual right. Individual right should be upheld unless there is a real threat to the community. Only then that community responsibility should be upheld.

In general respondents expressed the need to teach people about good health practices. There is a need to teach parents about issues such as nutrition and exercise

Strength of Response

Respondents were in agreement on all aspects of this question.

General Public 11: Senior Citizens, May 24, 1999

Group Level Information

Bias: The group was made of all senior citizens. Several of them could not participate in the discussion because of obvious deteriorating health conditions. Those who were able to participate in the discussion could not elaborate, except for one person who joined at the end of the focus group.

Effort/Involvement: Despite a large group, only 3-4 individuals were involved in the discussion.

Demographics: Gender=11F, 4M
Age Range=64-94
Race=7WH, 5BL, 1H, 1A/PI, 1NA
Income=6(<10000), 1(10-19000), 1(20-29000), 2(30-39000), 5 unknown
13 insured, 2 not insured

Size: 15

Facilitator: Amr Abdalla

Note: The inactive participation by most respondents made it difficult to assess a 'Strength of Response' for this session.

Question Level Information

- 1. In order for health care policies (preventive services, primary care, emergency services, and long-term care) to be developed, data must be gathered to describe the needs of our community.**
 - a. Who should be responsible for collecting the data and making it available for policy makers?**

Agencies in both the public and private sectors must cooperate with one another to develop the appropriate response to a problem once it is identified.
 - b. Who, if anyone, should be responsible for ensuring that agencies cooperate with one another?**
 - c. Who, if anyone, should be responsible for monitoring progress after a need has been found?**

Respondents mainly suggested that the Health Department, or health care professionals who work closely with specific groups, should collect the data. They suggested that family members and a member of a health organization be responsible for ensuring that agencies cooperate with one another. They suggested that the primary care doctor and the Health Department be responsible for monitoring progress.

Strength of Response

Given the inactive participation by the majority of attendees, it is difficult to assess the Strength of Response. However, for those who responded, the Health Department seemed to be the one agency that they kept coming back to.

2. (The Department of Environmental Quality is responsible for air and water pollution control in the Commonwealth. The VA Department of Health is responsible for most health-related issues.)

- a. If you had a question about the effects air or water pollution can have on your health, which agency would you call?**
- b. What characteristics of each agency make you prefer to call that agency for assistance?**

Respondents suggested that they would contact the Health Department or water department. They selected them because they are the ones working on health matters, and care for environmental issues.

Strength of Response

Same as the question above.

3. Over the past several decades, treatment of persons with mental illness and other mental disorders has shifted from institutions to the community. Persons with mental disorders are now typically hospitalized only for very short stays for crisis stabilization.

- a. Where should persons with mental disorders be treated?**
- b. Who, if anyone, should pay for the treatment?**

Respondents suggested the mental hospital, psychiatric department, and neurologists. They said the family, insurance company or the state should pay for these services.

- c. How should regular medical and dental care be provided for people who received their care in an institution in the past?**

Respondents suggested that the cost of dental care is very high. One respondent suggested that the department of health and welfare be responsible for these services.

- 4. Substance abuse among the elderly population is especially challenging because of denial of the abuse and the isolation that many elderly face.**
- a. What services should be available for the elderly?**
 - b. How do we (community, agencies/organizations) make sure that they have access to these services?**
 - c. How do we prevent (community) the social isolation that often leads to substance abuse in this population?**

They suggested that the health department or a government agency take care of these services. They also suggested that these services should be public service for all who need help. They also suggested that the senate or congress should pass a bill to approve covering these services.

As for preventing social isolation, they suggested referral to the Agency on Aging, that the organization that provides the service ensures that the patient is not isolated. Others suggested that more community centers for elderly be available, along with transportation back and forth.

- 5. Employee childcare is an issue that receives a great deal of media attention in our country. With the increase in single parent households and the increased need for two incomes, employee childcare is increasing.**
- a. Is this an issue of concern in our community?**
 - b. There are several ways in which childcare can be provided for employees: financial support for sending children to certified childcare centers, on-site child care facilities, support for before and after school programs, and support for specialized care for sick children. Which of these methods do you think is most effective?**
 - c. Who, if anyone, should be responsible for providing childcare?**
 - d. How should childcare programs be funded?**

They favored that all types of services be available. Respondents suggested that childcare was somewhat an issue in this county. They suggested that parents should be responsible to pay for these services, but were concerned about those who cannot afford it. They suggested that the state pays for those who cannot afford.

- 6. There are many things that people do that can have a negative impact on the Environment such as improper fertilizing of lawns, lack of vehicle maintenance, burning of leaves, and littering. Some communities have laws limiting the use of types of gas powered equipment to reduce air pollution.**
- a. Do you believe that such regulation is necessary to improve the Environment?**

- b. What forms of regulation do you favor?**
- c. Who, if anyone, should be responsible for enforcing these regulations?**
- d. How should they be enforced?**

They agreed that there should be regulations to improve the environment. They suggested that there would be rules and regulations, which if violated the violator be fined. They also suggested that such regulations be announced via the media from time to time. As for enforcement, courts and police should be in charge.

- 7. a. To what extent do special population groups have access to quality medical care?**
- b. To what extent do special populations have access to support services?**
- c. How much should the community provide for those with special needs?**

For some respondents, access to health care by special populations depended on having insurance. Others suggested that the current system is doing well, yet there is a need for ongoing evaluation to determine if any changes need to be made. Also there is a need to adjust the system as people's situation change.

Respondents suggested that the community take care of the needs of special populations. One respondent suggested that defining special groups extends to groups such as battered women.

- 8. Data on certain health problems is needed in order for the public health system to run efficiently and to safeguard the health of the community.**
- a. What data would you be willing to share for public health needs?**
- b. What restrictions would you place on the use of data?**
- c. How much data should they have access to?**
- d. When a person is receiving services from a number of different agencies, should information be shared between those agencies?**
- e. Are there circumstances such as those directly affecting the safety of the community, where data should be shared or released without your consent?**
- f. Who, if anyone, should enforce these rules?**

Respondents suggested that data be revealed for the sake of public safety, yet an effort must be made to maintain confidentiality as much as possible. They also agreed that information could be shared among different concerned agencies. But they cautioned against data being misused. As for sharing data without the consent of the patient, it depended on the situation and how much it

affected the community. Enforcement was suggested to be handled by government, or by individuals.

General Public 12: Community Leadership Institute Participants, June 16, 1999

Group Level Information

Bias: There was no clear bias in this group.

Effort/Involvement: All participants were involved in the discussion.

Demographics: Gender=4F, 7M, 1U
Age range=15-80
Race=8WH, 4BL
Income=1(40-49000), 3(50-59000), 1(60-69000), 2(70-79000),
1(90-99000), 3(100-125000)
All insured

Size: 12

Facilitator: Amr Abdalla

Question Level Information

1. **In our community, a greater number of the uninsured poor population has the ability to receive health insurance for their children.**
 - a. **Should uninsured families, unable to pay for medical services, be required to apply for public insurance programs before being accepted for “free” care in the health department, free clinic, or emergency rooms?**
 - b. **How can these agencies make sure that those children who qualify for this program are enrolled?**
 - c. **How can the information be disseminated such that those who qualify become enrolled, but also understand how to utilize this program for their children?**

Some respondents suggested that it is the law that now requires that the young ones be insured. The major concerns were about the lack of sufficient information on how many children in Prince William are eligible. Another concern was about the policy and regulation implications that may make it difficult for people to apply for this insurance. They also stated that the program is still in its early stages, and that several health care providers, such as

emergency rooms and the health department, have put forth a lot of effort to identify eligible families and to encourage participation in it. Regarding the possibility of turning people away from services or not because of enrollment or application to enroll in the program should be based on the type of medical service required; for urgent and emergency situations no one should be turned away, or made to wait till enrollment is complete.

A concern that was brought up was that the program was not publicized properly, and there is a lot of confusion about how to implement it. Some suggested that the governor should lead an education campaign about the program. Others suggested that more resources are needed in health care facilities to provide information about the program, and to follow up on the enrollment.

Strength of Response

Respondents agreed that this issue was not publicized properly and that the resources to handle it are not sufficient.

2. Because different communities have different populations, chronic disease needs are different.

- a. What are the most significant needs for our community?**
- b. Should we (providers, agencies/organizations) be focusing more attention on prevention, screening and early detection, or treatment and control?**
- c. Who, if anyone, should be responsible for making these services available?**

Respondents cited vaccinations, heart diseases and sexually transmitted diseases, and apathy-that is, not wanting to get involved in anything. Several respondents elaborated on stress, and how people are too overwhelmed with their daily life that they do not get involved or take care of health issues.

Some respondents moved away from the initial question on chronic disease to discuss the fact that Prince William is a commuter county. Therefore many people spend most of the day far away at work. Therefore they have no access to services during the day.

Almost all respondents stated that health care providers should focus on prevention. They cited several examples of simple successful prevention techniques that may be used (as simple as drinking water). They seemed to acknowledge that prevention will save so much in cost and health condition. One respondent, supported by others, suggested that prevention will not simply work

because of a public educational campaign. Health problems are much larger and more complex than to be resolved by the traditional health care providers. They require the efforts of other groups such as the small social networks, such as families and friends, and faith communities.

Respondents also highlighted the role of insurance companies. They stated that insurance companies are not spending enough money on prevention, probably because it is difficult to assess the savings that result from prevention.

Strength of Response

Respondents were in total agreement on the issues of stress and prevention.

- 3. Managed care has significantly changed access to mental health treatment services, even for persons with health insurance. Most insurance policies will pay for only very short stays (one or two days) in an inpatient setting.**
 - a. What types of mental health services should be covered by insurers (including Medicaid)?**
 - b. Should coverage be the same for all age groups (children, adults, elderly)?**
 - c. What is a community's responsibility to provide mental health services to the uninsured?**
 - d. Who, if anyone, should be responsible for providing mental health services to the uninsured?**

Respondents stated that one major problem with mental health is the changing definition of what mental health is, or what falls under mental health. This, they said, causes much trouble in terms of diagnosis. Another problem is the lack of nearby mental health facilities.

Respondents also criticized insurance companies who do not provide adequate coverage for mental health issues. As for the type and level of coverage, respondents appeared to agree that one type of coverage for all will not suit everyone's needs. That individual needs must be taken into consideration.

Respondents also expressed concerns about the need to have mental health services within the community. One respondent highlighted the significance of providing mental health services through community organizations such as churches, because such organizations provide more of a personal approach to mental health. Respondents also agreed that mental health issues should not be ignored, because of the negative consequences that they may have. Therefore, the community must provide some type of help for mental illness.

Some respondents were skeptical about the ability of the community to tackle mental health issues effectively. Therefore, they suggested that the government should coordinate with the local community boards the services that they need.

Strength of Response

Respondents seemed to have varying opinions on some details, but were in agreement regarding the seriousness of mental illness, and the need to provide local services.

- 4. Halfway houses were once a popular way to provide residential treatment for substance abuse. They are no longer widely accepted or used in our community.**
- a. Are halfway houses an acceptable way of providing substance abuse treatment?**
 - b. Should halfway houses be established in our community?**
 - c. What other residential treatment options should be available?**
 - d. How would you feel if there was a proposal to build a halfway house in your neighborhood?**

Respondents stated that halfway houses existed nine years ago in the county, and then were shut down because of budget problems. Respondents were in support of re-establishing halfway houses because there is a need to handle runaway kids, and also substance abuse issues. One respondent cautioned that such houses may actually encourage kids to run away, because they know there is a place to go to.

One problem that they anticipated was that neighbors may object to halfway houses in their neighborhoods. Some respondents, to the contrary, cited situations where halfway houses were a plus to their neighborhood, with grass cut twice a week, and a greenhouse built. Other respondents stated that there is not much problem with halfway houses for mentally ill or for victims of abuse. The problem is with substance abusers, because there is a perception that they will bring drugs to the community. Ultimately the group agreed that halfway houses are welcome, but that there need to be effective monitoring and staffing. Some suggested that the success stories of halfway houses need to be promoted in order to break the myth about them.

Other residential options included foster homes, sponsoring someone into a family. Another respondent stated that there are residential treatment facilities which have opened and closed several times because of budget issues. The respondent stated that these facilities, if they were helpful, need to be always funded; that budget priorities may need to be adjusted.

Strength of Response

The halfway home issue gained approval after a long debate.

- 5. Motor vehicle crashes are the number one cause of deaths in the workplace nationally. Whether it is a delivery truck driver or an employee on the roads in the course of his duties, our workers are exposed to this hazard. There are training programs in place to educate employees in the safe operation and maintenance of their vehicle.**
- a. How important is this issue in our community compared to other employee health issues?**
 - b. Who, if anyone, should be responsible for providing training courses for employees?**
 - c. Should drivers training courses be mandatory for employees who regularly operate a vehicle for work purposes?**
 - d. How often should employees have to take such a course?**
 - e. Who, if anyone, should monitor compliance with driver education policies?**

Respondents agreed that the transportation issue was a very important aspect of the strategic planning. But some were not sure that the specific issue of professional drivers' crashes was that important for health planning. As for responsibility, they found the employer to be responsible. As for monitoring, they suggested, in addition to the employer, the police and the public who can report violations. Overall, respondents debated more whether the issue is a health matter or a safety matter.

Strength of Response

Respondents were not quite clear whether the issue was a safety or health one. This took most of their discussion.

- 6. Prince William is a developing community. The rate and type of development occurring in our community can result in changes in the environment. As a result, many local regulations, such as buffer areas, preserving streams and natural areas, replanting trees, and constructing storm water facilities, have been enacted to counter these changes and create a balance.**
- a. Do you feel these regulations have improved or helped maintain the Environment?**
 - b. Do you think that these regulations protect the health of our community?**
 - c. Do these regulations create new problems? If so, what kinds of**

problems?

- d. Who, if anyone, should be responsible for studying the long term effects of these measure**

They all agreed that these regulations are very important. They cited examples of effective applications of these regulations. They reported that the problems they caused were not significant.

- 7. Many people believe that the changes in society (two parent working families and single parent families) have resulted in a large group of vulnerable youth. This problem may be even worse in our community because of the effects of commuting.**

- a. What can we (community, agencies/organizations) do to minimize the impact of commuting on families?**
- b. How can we (community, agencies/organizations) create a sense of community to combat this societal change?**
- c. Who, if anyone, should be responsible for the actions of our young people?**
- d. How should we (community) deal with young people in trouble? (punishment, treatment)**
- e. To what extent should the community be involved in prevention or early intervention of youth problems?**
- f. At what point should the community intervene?**

Respondents approached this question in two ways. The first was to highlight the significance of the matter to mental health, and the need to resolve these matters from the root: on the family and community levels. The second was to suggest ways to respond to the commuting problems. One suggestion was that more businesses open in the county, thus reducing the need to commute to a job. They stated that this is slowly taking place now. Another approach was to have people work either from home or from business centers near their homes.

Respondents also brought up the issue of the need to maintain and create small communities. The large, impersonal schools and recreation centers do not do well for youth or other community members. They seemed to support the notion that a smaller community is capable of providing the moral and emotional support. They stated that the parents and family are responsible for their children's actions. They also emphasized that the young people are responsible too, so are other groups such as schools.

They agreed that the cost of imprisoning young people is so high. Therefore, they discussed a variety of alternatives to jail and prison. They cited several programs in place that involve various community groups: courts, police, social

services and the family. They found that such programs are effective for both the young person and the community. They agreed that prevention, and early intervention should be undertaken by the community. No one wanted to see the high cost of building and maintaining jails. They also cited the effectiveness of some existing programs.

Strength of Response

There was a strong consensus on the need for community involvement on all levels and also on early intervention and prevention.

- 8. The current health care system does not provide care for all. Many are uninsured, underinsured, poor or otherwise unable to buy health care. Communities have often found ways to partially fill the gap. In our community we have Free Clinics to help those not eligible for Medicaid.**
- a. How should these needs be paid for?**
 - b. Who, if anyone, should be responsible for making sure that services are available?**

They agreed that state funds could pay for these needs, which it already does. They also stated that there are many other agencies that provide services to those in need. The problem, they emphasized, is the lack of communication and coordination among these groups. They expressed the great need to develop a type of network that could provide coordination and organization of various activities.

Strength of Response

Respondents were in total agreement for the need to network these activities.

General Public 14: Prince William Health System, June 29, 1999

Group Level Information

Bias: Health system employees with a range of perspectives on health issues.

Effort/Involvement: Moderate

Demographics: Gender=8F
Age range=28-60)
Race=6WH, 1O
Income=3(30-39000), 2(40-49000), 1(50-59000), 1(90-99000),
1(100-125000)
All insured

Size: 8

Facilitator: David S. Anderson

Question Level Information

1. **To decrease the number of unintended pregnancies, access to family planning services must be available.**
 - a. **Do you feel that the government (federal, state, and local) should make sure that health insurance coverage for family planning services is available and affordable for everyone?**
 - b. **If not the government, who should be responsible for making sure that these services are available and affordable?**

Respondents believe that a wide range of offices and organizations in the regions should be involved with assisting with the issue of unintended pregnancies. However, participants challenged whether access to family planning services would even help. They did believe that the services should exist and that the government should be involved in providing these services. However, they wanted to look at other ways that unintended pregnancies can be addressed. For example, one suggestion was to limit the number of pregnancies that a person may be able to have. They also suggested that schools (since that is where many young people are) should play a stronger role in both prevention and education. They thought the focus should be on issues more than family

planning, such as self-esteem. Participants also felt that churches should have a role as well as physicians who may help youth understand the consequences. They did cite that while this is not with family planning, the woman's club helps the school with a nursery in the school for students.

Strength of Response

Moderate

2. **People with chronic diseases face many obstacles (access to care, getting prescriptions, housing, lack of income, insurance problems, not knowing where to get help, etc) that may limit their ability to live life to the fullest.**
 - a. **To what degree should a community attempt to intervene in quality of life issues?**
 - b. **Who, if anyone, should be responsible for intervening?**
 - c. **How should we (the community) intervene?**
 - d. **Which of these problems should be the top priority?**

Participants unanimously agreed that the community should intervene in quality of life issues at a very high level. The community should be involved in a whole range of services including transportation, access, assistance, and centralized information services. All groups and agencies should have some responsibility for intervening. The way the group recommended addressing this is to centralize regionally the services. Part of this would be supporting those organizations and individuals that already do provide care. One vehicle for this is to update the knowledge of caregivers (such as doctors and their office staff) by keeping them up-to-date with the already existing and new resources in the region. One approach for accomplishing this is through use of the newsletter that a hospital already distributes to the community in addition the local paper could identify services that exist as well as where volunteers are needed. The main strategy for this issue of chronic diseases proposed by the group is greater awareness and communication. In addition, financial support with resources can be helpful. A specific idea generated by the group was healthlink type of service to assist those whose needs are not met. This service could be shared by the range of service providers in the region. This issue is one that goes much beyond the concerns with chronic diseases, but is for all individuals that may need assistance. It may work like a case manager for the community, such as a central person that can be contacted.

Strength of Response

Moderate

3. **Some mental health problems can be prevented, thus avoiding more costly**

treatment. However, prevention services are often reduced or eliminated when funds are tight in order to preserve treatment services.

- a. How important are mental health prevention services in our community?**
- b. How should these services be funded?**
- c. Who, if anyone, should be responsible for providing these services?**

Overall the respondents believe that mental health prevention services are very important for the community. These are critical services that need to be maintained. However, the community typically feels the loss of the lack of prevention; partly due to the fact that it is hard to prove its value. They feel that prevention is not considered as important. They think that training and mental health is particularly important and typically this is not considered as important as other services. Mental health is viewed as second class to medical and wellness services; it is seen as a stepchild to other medical concerns and one which often carries a stigma with it. This view of prevention services as less important is a view believed to be held by providers as well as the rest of the community.

Funding for these services should be provided by the government. There may also be a link to private industry where funding by insurance companies is put into a pot for preventive services. This may be a type of tax to industry and in addition it could be a type of tax incentive form. Another suggestion was having insurance companies actually cover health prevention services, although this was viewed as a suggestion that may not receive the support of the industry. Ultimately the government needs to be responsible for providing the prevention services, as they can do this in a more prompt and responsive manner.

Another way in which insurance companies may address mental health prevention issues is to provide assistance for an individual as they are responding to other medical considerations such as surgery, heart attack or other medical issues. For example, an individual may be provided with six sessions of mental health services to adjust to their new life style factors which evolve from other surgery. Just as many larger companies have employee assistance programs, the idea of incorporating preventive and wellness approaches can be encouraged. A theme of the importance of promoting this emphasis on prevention and wellness was suggested as citizens need to engage their human resources departments and to demonstrate soundly that they will not tolerate inattention to these issues.

Strength of Response

Strong

4. a. What is missing from our current system that is needed to support everyone in their wellness activities?

Participants identified a variety of items missing to support people in their own wellness activities; these included an internalized motivation, time (given time off to invest in wellness activities).

b. Is our current system available to everyone? Why or why not?

The current system is not available to everybody, according to the respondents, because not much time is left during the day to accomplish some of the wellness and prevention activities. In addition, some people cannot afford it. Further, the involvement with wellness activities needs some personal discipline, which some people do not have. Participants encouraged having a structure which would promote wellness and prevention activities and suggest to citizens that involvement in wellness and prevention initiatives take a higher priority in their own lives.

c. What do we (community, agencies/organizations) need to do to promote the idea of lifelong fitness and wellness in our community?

In order to promote life long fitness and wellness in the community, it is important to change the culture. This actually needs to be encouraged by the work site in which individuals are employed. It is also important to model healthy living for children. There are also some concerns about safety issues, such as taking a walk after dark. To assist in promoting fitness and wellness, schools and other public facilities should be opened so that individuals can participate on a regular basis. It is also important to promote a general citizen willingness to work on this type of improvement in the community.

Strength of Response

Moderate

5. Hearing loss caused by noise in the workplace is a problem that occurs in many settings. The Occupational Safety and Health Administration has had a noise standard in place for many years but there are still workers suffering from hearing loss. Today we can identify noise levels that damage hearing, provide protective equipment to the worker, and monitor the worker in the areas of exposure.

a. Is this an issue of concern in our community?

b. How important is it compared to other issues of employee health?

c. How should we (community, agencies/organizations) make sure that employees are protected from this problem?

d. Who, if anyone, should be responsible for ensuring that workers are protected?

Respondents indicated that this was not a big issue of concern for the

community. This is not a large priority. However, there is a concern about the youth culture with hearing damage. When compared with other issues of employee health, the issue of hearing is not much of an issue. Overall, the emphasis should be to emphasize how to take care of one's self. Thus, the focus is upon each person. In addition, the employer should take some responsibility, but ultimately it is the individual who has the greatest responsibility for hearing and hearing loss issues.

Strength of Response

Moderate

- 6. A major problem in this area is traffic congestion. This wastes time and effects air quality because of increased auto emissions. There have been a lot of suggestions about ways to address this problem.**

a. What do you think should be done to address this problem effectively?

To address this problem effectively, subway systems should be expanded. Respondents believe that currently building continues with no planning. They would like to see an east-west connector with services provided by bus/train. In addition Route 234 should be widened as was discussed several years ago. Also to assist with this problem of traffic congestion, work hours could be staggered and car pools may be encouraged.

b. Who, if anyone, should be responsible for dealing with the problem?

Responsibility should be with VDOT as well as with the local county. It was suggested that a percentage at the taxes at Potomac Mills and other malls should go to the county and that this funding may be helpful in addressing bus pollution.

Strength of Response

Moderate

- 7. Many persons with chronic mental illness or other mental disorders may not be able to live independently. The law states that group homes may be located in any neighborhood.**

a. Where should group homes or supervised apartments be located?

b. How would you feel if a group home moved into your neighborhood?

c. Who should decide where these homes are located?

d. How should these residential arrangements be funded?

Respondents suggested that individuals with chronic mental illness or other mental disorders should be housed in locations throughout the county. These individuals may be located anywhere that reasonable accommodations may be

found. The respondents suggested that there are many misperceptions and stigmas that can be addressed by education; and educational approaches should be used to help get rid of fear regarding persons with mental disorders. On a personal level, should a group home be located in their neighborhood, they would not be ecstatic, but they would not fight it. One respondent indicated that they would be concerned if they had young children at home. Otherwise, respondents indicated that it would not be bothersome to have the home located near them. Funding for these residential facilities should be provided by a broad-based community network, including the government (Community Services Board and Social Services), as well as churches.

Strength of Response

Moderate

8. How important is protecting the public from the spread of diseases such as AIDS, E.coli, hepatitis, and tuberculosis through outbreak investigations and control. What impacts on your own privacy and rights do you feel you might accept for varying levels of safety?

The respondents indicated that this issue was critical to protect the public. Airborne diseases and partner notification are essential elements for attention to safety considerations. They stated strongly that they feel that citizens are entitled to know if they have been exposed to something. Regarding current approaches, respondents indicated that the health department does an excellent job of tracking the spread of diseases. They also reported that notification is handled in a thorough manner and that treatment is provided as needed. Comments were also made that it is important to respect the privacy of individuals who may, through publicity about a disease, feel that their privacy has been violated and their character may be damaged.

Concerns were expressed about mandated testing and mandated shots because if these procedures were required that it would be a short leap to other mandated issues, such as sterilization. Respondents also expressed concern about the social stigma attached to various diseases. One individual stated that some religions do not believe in any medical interventions and that this needs to be balanced with the overall protection for the public regarding spread of diseases. A final suggestion in this regard was that county employees would benefit from an in-service training program on legal questions surrounding ways of addressing the spread of diseases.

Strength of Response

Strong

General Public 15: McCoart Building, August 18, 1999

Group Level Information

- Bias: There were four persons in this group: 3 women who are very active in the community, on numerous community Boards; and one man who arrived late and didn't appear to be as active on community Boards. The male member of the group played the role of challenger to positions (usually unanimous) taken by the female members.
- Effort/Involvement: This was an especially involved and active group that maintained persistence in resolving the problems posed by the questions.
- Demographics: Gender=3F, 1M
Age Range=26-66
Race=4WH
Income=1(50-59000), 1(60-69000), 1(70-79000), 1(100-125000)
All insured
- Size: 4
- Facilitator: Gayle Hamilton

QUESTION LEVEL INFORMATION

- Counseling about nutrition, vitamins, and lifestyle before pregnancy is a necessary part of planning a healthy pregnancy, yet women without health insurance will not receive insurance coverage (i.e. Medicaid) unless they are already pregnant. Who, if anyone, in our community should be responsible for making sure that all reproductive age females have this health service available to them?**

There was consensus that a lot of education is needed. Hospitals could do more than they do; the media carries a lot of weight on these issues; and the Faith community has a lot of groups that meet, during which time education could take place. Distribution of health information, especially this information, is factual, so it is doubtful that there is any shame involved. Potomac hospital already does a lot of seminars on this topic (Healthy Women). The commission on Women is another group that has done a lot. They have brown bag lunches to give out this type of information. There is a whole community effort. There is no reason for anyone who is pregnant to go without the vitamins that she would

need to have a healthy child. The Potomac Hospital sends out a regular newsletter and it is free and has a wealth of information in it. Women without health insurance, especially, are reluctant to reach out. They are, first of all, asked for their insurance card. Some have access to the Internet and there is an incredible amount of information to obtain there. In PWC, we are opening some employment centers that have Internet connections, so we have an unbelievable amount of information for free. In the media, we have Channel 3, which gives out a lot of information. Also, there is good information on free cable as well as in newspapers.

A question was posed by the group: Do you think that people follow the information that they obtain? The group felt that this does happen, but felt also that you can't force this. The operant word may be to have counseling about this information, a one-on-one sharing in a non-judgmental way.

One person thinks of young people in response to this question, e.g., high school girls. Nutrition and life style issues prior to pregnancy are important to this group. There was unanimity on this question. It is the same as saying "please don't smoke today because it will later affect your children". Anything related to their future children is important. They need to know not to drink and not to smoke. It is a community issue because, if the children have health problems, we pay for it. There is a Virginia Program called CHIPS that ensures all teens. It is there, but there are eligibility requirements. It is a nationwide program. It is somewhere between having Medicaid and insurance from work.

Strength of Response

The group had strong feelings about this issue, was very animated about, and complimentary of, the extent of programs in Prince William County. There was complete agreement on all points. Note: Since this is such an active group of people in the community, they are likely to be much more knowledgeable about the services than the average citizen.

- 2. Chronic diseases have many causes. Some of these can be prevented with education and intervention.**
 - a. Are we (community, providers, agencies/organizations) doing enough in our community to prevent chronic diseases?**

Group members felt that we are beginning to really get into this. We are doing more prevention and seeing this as a key to a Healthy 2000 community. The group feels that there is a lot happening in the community regarding chronic disease, especially asthma, heart disease, and HIV Aids. There are a lot of organizations that do this. Hospitals are always having seminars on diabetes. The Health Department has education. There are national walks for diseases.

This brings the community together and provides tons of information. Whether it gets out or not is another question. Actually, there is a lot about these efforts on the media: warnings about the mixing of medications; information about various diseases. There are Health Fairs. There is one going on now at the Lion's Club—bingo combined with a health fair. The service organizations are doing a lot.

The county Health Department used to have a van to do health screening. That was for employees that worked for county government, so the people they served had insurance. It would be very valuable to have something like this for the general population. Schools are another good resource; they do a lot of outreach.

b. What else should we (community, providers, agencies/organizations) be doing? With whom?

There should be better coordination. There should also be some central information link. We could do that through the network, but it would be hard to get them all working together. We are lucky in PWC; we have a large pool of volunteers, but many of them also want their own little niche -- e.g., the Lions with glasses; another group does just school supplies; another that does hats and mittens and socks. Maybe that is why we are so successful in PWC.

We should have more free services available to adults. Children get Medicaid or are part of a group plan. Interestingly, they can't give that program away! But, for adults, there isn't enough available. One member of the group recounted a story of one woman who was seriously ill and without insurance. She called 14 doctors for her friend before she found anyone that would help her and, by this time, her friend needed emergency surgery. There is something wrong about being such a wealthy county with so many people that don't have access to health care. This is a major problem for the elderly and women who are raising children alone. They in particular fall between the cracks. On reflection, group members felt that younger ones are falling between the cracks, too—e.g., those just out of college.

c. Who, if anyone, should be responsible for providing prevention services?

There are lots of little groups that are doing prevention, mainly in the form of education. All agreed that the Health Department should manage this process. It needs to be a public agency that is not interested in the profit margin, that is willing to reach out to the whole spectrum. Actually, it falls on the shoulders of the state government to provide the money: the government is collecting big pockets of money and not giving it back to the localities. The Health Department could take the lead in coordinating all of the private organizations, including the Faith community, the PTAs, the service organizations, etc. There could be a

web site that lists all the activities of these organizations. They would then monitor what is happening in the community -- kind of like the homeless service coordinator for the Department of Social Services. They could publish a schedule once per year; it could be put on a web site. But it all goes back to one thing: in order for the Health Department to do this, they have to have more funding from state and federal sources. Perhaps wherever there is something happening, the information about it should be available at high school football games or at the mall. You have to go places where people with limited incomes congregate: grocery stores; church. Perhaps it could be dropped in the grocery bags, perhaps at the county fair. Everybody goes to the school fairs, so that is a good place for disseminating information: when children see giveaways (frisbees, etc.), they come over and bring parents with them; the Park Authority gave away whistles that children love; and sometimes people pick up information for their neighbors. The information should be given out at ethnic events as well.

d. What causes of chronic disease should we (community, providers, agencies/organizations) attempt to intervene in?

Smoking, alcohol, and drugs. We have intervened in these already by setting an age limit. We live in a tobacco state so it is a very emotional issue. We should do a lot about the causes of substance abuse as a chronic disease and should begin with advertisements about the "coolness" of smoking. The TV is something that, as a community, we should influence, particularly related to substance use and violence. Put on counter-ads indicating that use is not cool.

e. Are there disease-causing substances or circumstances in our community that are over-regulated? Under-regulated?

They felt that perhaps smoking in teens is under-regulated. The laws are there, but we aren't cracking down enough on sellers (moderate agreement -- all agreed that something should be done, but weren't sure about "regulation"). The group couldn't think of anything that was over-regulated, except perhaps for contraceptives. There is currently a stigma for getting them and the absence of them certainly causes disease. Perhaps we could loosen up the selling process so that it is less embarrassing.

Strength of Response

Again, there was agreement among members. One person in the group serves the role of challenging many of the ideas when first introduced, but this challenge appears to dissolve with further discussion. For example, there was initially some disagreement on the last point, but, in the end, all agreed with the need to make contraceptives more available.

3. Many new medications for the treatment of mental illness and other mental disorders have come on the market in the last decade. Persons with

mental illness are usually aware of these medications because of heavy advertising in the popular media. Typically, new medications are costly because of the research costs in developing them. However, some of these new drugs have allowed persons who have spent time in mental institutions to return to live in the community.

a. When is it appropriate to offer new medications to people?

That is determined by a licensed physician, not for this group. There was agreement on this issue.

b. Who, if anyone, should pay for these medications?

The companies should pay for them if the person can't afford it. They are making billions off these medications. If the person can function in the community with the proper medication instead of being in a costly institution, then, certainly, it is up to government to provide for their basic health needs. The drug companies give samples. Why can't they "cough up" some more money for needed medications? The hospitals, Health Department, and physicians would have an inroad to making this happen. Dr. Florence gets his medications from them; there must be some negotiating room for this problem. It should be a state contract.

c. If new drugs allow people to return to the community, where should they live?

First, live with families. If they don't have a family, there are group homes. One person said that we need single-room occupancy for people. Another responded that we do have some community apartments in Dumfries. There is someone there 24 hours/day. However, no one else indicated any other single-room occupancy housing.

d. What responsibility does the community have to ensure the acceptance of returning people?

No one really has to prepare the community. They could just buy a house and move in. There was disagreement here; others mentioned situations where the community was upset, only because they weren't told, even though the home was a model neighbor. In group homes, sex offenders and pedophiles were the only ones that they were concerned about.

e. Who, if anyone, is responsible for their care?

We need to do an assessment of returning people. We used to warehouse people in these huge state institutions; people were treated horribly. Then they let everybody out. Now, we know that some needed to remain there with 24-hour custodial care. Then there are those who can live in group homes, or families. If they come into the community, perhaps the CSB is responsible if they don't have insurance. There is disagreement here. Someone has to be responsible for the money. Needs to be more State and Federal funding. We aren't getting enough from them to provide all the services that are needed.

Down the road, there is going to be a huge burden on localities if we don't get more state and federal money. We are seeing more people with these type problems. They are just going to have to be more responsible. There is more and more closing of institutions.

Strength of Response

There was strong agreement on the role of the physician in deciding about medications, about the need for a state contract with the drug companies to obtain free medications for indigent people, and about the freedom of former mental health patients in living where they choose (with the exception of sexual offenders). However there was some disagreement about how the community should go about paying for people who are indigent to live in the community rather than in an institution.

4. Tobacco and alcohol are products that have been proven to be harmful to health. The use of these products is regulated through age restrictions and taxes.

a. Should tobacco and other harmful products be regulated out of use or should we (agencies/organizations) use other methods to discourage their use such as prohibition and taxation?

The group felt that alcohol ought to be taxed heavily. Tobacco, however, has more health-related illnesses in the workplace. Several mentioned that alcohol had good health benefits, but there was disagreement with this idea. Someone brought up potato chips. Is this in the "harmful product" category? Tobacco and alcohol are things you personally choose to do. They are harmful to everybody. They should be discouraged through taxation and the money used for healthcare. There was agreement on this issue. And the manufacturers should be contributing every year toward the health care pool. Again, there was agreement on this issue.

b. Should the state set limits on health intervention such as tobacco control or should localities be allowed to have additional restrictions?

We are told by the state of Virginia what our restrictions will be, so this doesn't apply.

c. Should there be different types of regulations and penalties for activities that harm yourself versus those that also harm others such as second hand smoke and driving under the influence?

How do we determine that? People who smoke should get a different health coverage (a different rate), so that there is an incentive there. The same should be true for penalties: if a person is arrested for a DUI, they should permanently lose their license. This was corrected by another person: losing the license shouldn't be permanent. Again, this is all state regulation. Can the county put a

sign up on Rt. 234: Are you drinking while you are driving? Have you seen your doctor in the last 4 months? How is your health? Several agreed that the County could do this. This tactic has the advantage that it avoids regulations and penalties. The newspaper should always devote a page to health services available and questions, such as cited above. Perhaps there could be a different rate on the personal property tax if you had a certain number of DUI's. There were concerns from other members about this. Those who are "clean" often suffer from these extra costs.

d. How should the regulations be different?

This question was not clearly answered, even though there was an effort to get them to do so.

e. Who, if anyone, should be responsible for enforcing them?

The Police Department should enforce them. But there needs to be some way to keep people in the work force -- some options for those who can't pay the fines. Everyone agreed, however, that we cannot regulate the world.

Strength of Response

There was some lack of consensus throughout this discussion: there was uncertainty for most discussants about what constitutes a harmful product; there was some uncertainty about the kinds of penalties that should occur, especially for a DUI; and it was difficult for the group to determine the differences in penalties and regulations for those who only harm themselves vs. those who harm others with their habits. There was agreement on the use of taxation to influence behaviors, on getting manufacturers of medications to contribute to the costs of health care, and on the fact that we cannot regulate the world.

5. What is the most pressing occupational safety and health issue in our community?

Substance abuse was the first health issue put forward by the group. A few participants felt like they didn't know the answer. When they were asked about the most pressing health issue, without addressing occupational safety, they had the same answer: substance abuse. One member then pressed to understand the underlying causes of substance abuse. The group listed stress, not having a support system, isolation, and undiagnosed depression. After much discussion, the group put forth the idea that violence is one of the most pressing issues; they agreed that violence was much worse now than 5 years ago. There are a lot of things attached to this: lack of money; drugs and alcohol; inability to deal with anger.

Strength of Response

The group had initial disagreement, but after discussion, arrived at the same "most pressing" issue: violence.

6. **Over the past few years an effort has been made to promote and/or require recycling of certain materials such as glass, metals, paper and yard waste.**
- a. **Do you feel these efforts have been effective?**
The group felt that the recycling efforts had been very effective—too much almost, meaning that we have too much stuff to recycle.
- b. **How should recycling be encouraged and increased? (Should recycling be mandatory?)**
Recycling should be encouraged through education. The school does a wonderful job. In fact, we are doing a good job in this whole county.
- c. **Recycling efforts (incentives or penalties) can be directed at individuals, businesses and industry, or public agencies. Who, if anyone, should be the target of recycling efforts?**
Everybody; the entire community. But we should do more with industry around the issue of packaging. There is a lot of stuff to throw away. And people don't know what to do with the cardboard.

Strength of Response

There was agreement among group members, but this was not a topic in which they were highly invested.

7. **Prince William Partnerships for Health defines health-related services very broadly in our community. This definition includes programs such as Neighborhood Watch and community policing.**
- a. **What are the responsibilities of health care providers in these types of health-related programs?**
Health care providers should just to support the various programs, perhaps list them as a health-related service, and show the connection to the community.
- b. **What is the responsibility of a provider for the health of the community above and beyond the patients that go to the doctor?**
The major responsibility for the broad health of the community is to educate the community. It is also in their financial interest to do so.

Strength of Response

Again, there was agreement, but little investment in the question.

8. **The government inspects and licenses health care facilities such as hospitals, nursing homes, and urgent care centers.**
- a. **Do you feel that inspections and licensing protect the public? Why or why not?**
The group felt that, absolutely, inspections and licensing protect the public, in order to insure that we have adequate staffing (proper ratios), and to insure that

proper cleanliness is occurring for individual patients and in the kitchen. People who use these centers are vulnerable people; they shouldn't have to think about whether things are being done properly.

b. To what extent should the government continue to provide this service?

To the highest extent possible.

Note: The group felt that there was one thing left out of these questions. The one thing that isn't being done enough: inspections of restaurants and the handling of food. More and more, we are seeing restaurants that are filthy and in which food isn't kept cold or hot in buffets and salad bars. There should also be a monitoring to make sure that immigrants working in food places have had a TB test and proper screening. A lot of the health laws are probably in place, but not enforced.

Strength of Response

The group felt very strongly about the inspections and licensing of health care facilities. They agreed on their functions and their value.